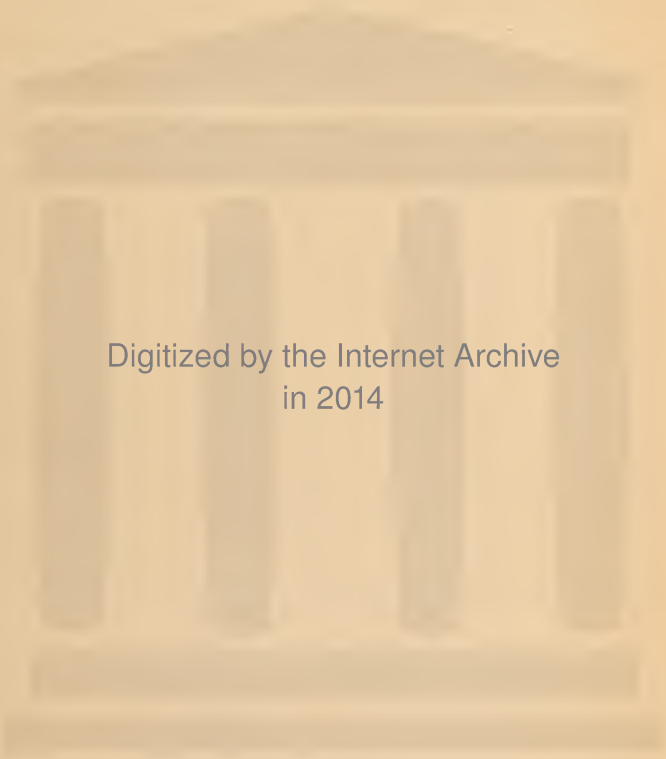


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THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

EDITED BY D. M. REESE, M. D. LL. D. 775 BROADWAY, NEW-YORK;

AND SOLD BY

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Vol. III.

JANUARY 1, 1852.

No. 1.

CONTENTS.

To the Medical Profession in New England and New-York, ...	3	Address delivered in the First Presbyterian Church, at the Funeral	
Conservation in Surgery, ...	3	of Dr. John Kearney Rogers, by the Rev. Dr. Potts, ...	7
Another Physician Fallen.—New-York Pathological Society, ...	4	The Clinical Lectures at Bellevue, ...	9
Louis Kossuth, Governor of Hungary, ...	5	Two Cases of Compound Fracture—Conservative Surgery, with Ob-	
Great American Work on Surgery, ...	5	servations by John O'Reilly, M. D.	9
Cazenave on the Skin, ...	5	Hospitals—their History and Utility, (concluded,)	12
Discriminating Benevolence, ...	5	Card of Drs. Robertson and Ramsey, ...	12
Fire Annihilator.—Meat Biscuit, ...	6	Treatment of Hemorrhoids, ...	13
Professor J. K. Mitchell, ...	6	Incision of the Vulva as a Preventive Measure against Ruptured Peri-	
Simple Cupping Instrument, ...	6	neum, ...	13

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Much of the Chloroform of Commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession that we have prepared an article, the purity of which can be implicitly relied on.

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Can also be obtained of us, PERFECTLY PURE, either in sticks or crystals, manufactured at our Laboratory.

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Our Morphine having acquired a reputation superior to any other those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

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SYRUP OF IODIDE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality,) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS,

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PHILIP SCHIEFFELIN, HAINES, & Co.

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The attention of Physicians, Pharmacutists, and vendors of Medicine, throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM GUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,

SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,

&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

[It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting A PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and superseding the use of Poultices, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.]

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Drug, Chemical, and Family Medicine Store, No. 529 Broadway,
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ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other Opium preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obtained a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensibility or volition, without my discovering the cause; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

IT IS NOTICE—A. B. & D. SANDS having purchased of Dr. McMunn, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all others from the "Fountain" of the above-named Dr. are spurious. To A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 1.

JANUARY 1, 1852.

\$1 PER ANNUM.

LECTURES ON DISEASES OF THE CHEST.

The undersigned proposes to continue his Winter Course of FREE LECTURES on

DISEASES OF THE LUNGS AND HEART,
On every Tuesday Evening, (commencing November 4th,) from 8 to 9 o'clock, at his Rooms, No. 49 EAST BROADWAY.

Illustrations will be given by numerous **Casts, Drawings, and Morbid Specimens.**

There will be a **CHEST CLINIQUE**, with pathological demonstrations, at the same place, at 3 o'clock, on each succeeding Saturday afternoon. Students and Members of the Profession are respectfully invited.

JOHN W. CORSON, M. D.

One of the Physicians of the Brooklyn City Hospital.

LECTURES ON OPHTHALMIC MEDICINE AND SURGERY, BY MARK STEPHENSON, M. D. AT HIS **EYE AND EAR INFIRMARY,** 383 Broome-street, N. Y.

The Course which was commenced on the 15th November, will be continued every Saturday, at 3 o'clock, P. M. until the 15th of March, 1852.

The Diseases of the Eye will be illustrated by a splendid collection of models imported from Paris; also by Dalrymple's magnificent work on the Pathology of the Eye, giving over 200 different views, the engravings of which surpass anything which has yet appeared from the London press. The various operations on the Eye will be performed in the presence of the class, and each disease illustrated in living subjects as far as practicable.

Take Notice.

This will be a fitting time for *New Subscribers* to commence with the Third Volume, which begins on New Year's Day. A few of our Subscribers have not yet paid for the Second Year, to whom bills will be sent unless they forthwith remit ONE DOLLAR, which, according to our terms, must be henceforth invariably in advance.

Should any of our Subscribers fail to receive the Gazette after the 1st of January they will know the cause. Our rule is demanded by the low price of the paper.

Subscriptions, Advertisements, Books for Review, and all Communications may be addressed to the Editor, No. 775 Broadway, free of charge.

RECEIPTS.—Drs. Rogers, D. A. Neilson, J. B. Elliot, Stelle, Clements, Marvin 2, Moseley, Eager, Bodinier, Sutherland, Guernsey, Regensberger, Jackson, Moore, Vandervoort, Bedford, Fitch, Sweeney, Griscom, Clinton, Purcell, Wright, H. Green, Mott, Kissam, Richardson, Detmold 2, McDermont, May, Bigelow.

To the Medical Profession in New England and New-York.

The undersigned, a Committee of the American Medical Association on the Epidemics of New England and New-York, would invite the attention of the profession within the limits above named to the subject of their interrogations.

It is obvious that the value of the report which will be made, must depend upon the accuracy and the extent of the information which the Committee may be able to gather. And for this information we must look to observers in different portions of the field assigned to us. If the physicians in each district of this field could see that some one of their number report to us what may be called the general facts in regard to the prevalence of epidemics, and then if individuals would give us the results of their personal experience in practice, a fund of valuable information would be placed in our hands. The points of inquiry to which attention should be directed are so obvious, that the committee need not particularize them. The investigation is intended to cover only the year ending Dec. 31, 1851.

In order that the Committee may have time to collate and digest the material which they may receive, they request that all communications be made to them previous to the 1st of March next.

WORTHINGTON HOOKER, *Norwich, Conn.*

HENRY D. BULKLEY, *New-York.*

HENRY G. CLARK, *Boston.*

Dec. 15, 1851.

Conservatism in Surgery.

We commend to the brethren every where, the report of cases by Doctor O'Reilly, which appears in this number of the Gazette. They will be found amply to repay perusal, and will serve to enlighten certain "mere operators," in the lesson which they are slow to learn, that true surgery is not "the art of making cripples," for which definition there are too many who are ever giving authority by needless, not to say fatal mutilations. We regard the result of these cases, as creditable alike to the science and humanity of Dr.

O'Reilly, who has rapidly gained upon the public confidence, by the successful practice of Surgery, a department in which he promises to excel.

Another Physician Fallen.

We are pained to record the death of *Dr. James Cameron*, one of the oldest and most reputable practitioners of our city. There are few among us who have acquired a more extensive practice, or enjoyed a higher degree of the confidence and affections of his patients, which he retained during a long life. *Dr. C.* was a native of Scotland, a graduate of Glasgow, and a worthy member of the New-York Academy of Medicine. He was deservedly respected, and his loss will be deplored, for he was an honest man.

New-York Pathological Society.

In our last number we had occasion to bestow a kindly admonition to this self-constituted coterie of exclusives, which it seems has not been appreciated, although as respectfully and delicately given, as the case allowed. Circumstances since transpiring demand that we now resume the subject, with somewhat greater plainness of speech.

This Society has, or ought to have for its object, the collection, accumulation, record and diffusion of *truth*, irrespective of theoretical, or speculative opinions. Medical and pathological *facts*, in contradistinction to the dicta of any school or party, should be the *pabulum vitæ* of such an organization; else its existence is a public nuisance, no matter what names are found upon its roll of members.

Thus conducted, this Society would merit respect for its teachings, and the profession at large would not be slow to award it. That it has been perverted to an extent which forfeits its character, and demands the strictures of the medical press, we now proceed to show.

The case alluded to in our last number, has been before this Society at three successive meetings, two of them held in the usual way, and open to the profession; while the third has been a secret session, from which the parties interested and all others except members have been excluded. At the first meeting, the attending physicians confessed their error in diagnosis, as revealed by the post mortem, and in the discussion which followed, the following positions were taken and defended, which being recorded, exhibit a series of *false facts*, of which the Society ought to be ashamed.

- 1st. This is a *very rare* form of disease! (Pyæmiæ!)
- 2nd. Only six cases! only eight cases! being on record, only one of these recognized before death!
- 3rd. It had no pathognomonic symptoms! in this case, and therefore could not be diagnosticated!
- 4th. It is an incurable disease! and had it been recognized in the case under notice, it could not have been cured!

These we designate as "false facts," and for the proof we refer to the full report of the case published by *Dr. Alexander E. Hosack*, which will be forthcoming soon. Without anticipating its contents we venture to predict that he will prove, that "Phlebitis of the portal system" is *not* a very rare disease,—that instead of six or eight cases on record, there are *hundreds*;—that the disease has been *diagnosticated* before death,—and that it has been frequently *cured*;—but *not* when mistaken for Remittent Fever, nor when treated with 10 grain doses of Quinine, or with Aconite! But we refer our readers to *Dr. Hosack's* report.

It remains for us only to allude to the second meeting of the New-York Pathological Society, when *Dr. Hosack's* polite letter was submitted, asking that the accompanying narrative of the case upon which they had been engaged, should be read as an act of justice to himself. This letter and document were referred to a committee, on motion of one of the "attending physicians," who objected to "*outsiders*!" being permitted to submit reports of cases on which members had reported, as likely to get the Society into hot water. The reference was voted, and at the secret session, we are informed that the Committee reported in favor of having the paper of *Dr. H.* read, but by a party vote it appears that a hearing was denied to *Dr. H.* because, we suppose, he was an "*outsider*!" the epithet by which all of the profession are designated who do not belong to the clique. The brethren will take due notice, and govern themselves accordingly.

We shall not question the decision of the Society further than to say, that *Dr. Hosack* had no alternative left him in self respect, but to publish as he has done; and when the Society shall, as they will, deprecate this result, they will have no one to thank but themselves.

The assumption, or rather presumption of certain parties in that Society, who have ventured their reputation for knowledge upon the *ex cathedra* assertions to which we have alluded as *false facts*, will be suitably rebuked; and their "*verba magistri*" will henceforth be at a discount. They should learn that there are other men, even "*outsiders*," who can teach them scholastic medicine, of which they are sadly ignorant; however unwelcome the exposure of their arrogance and deficiency to others.

It is said that the physiological and pathological oracles, who betrayed their ignorance on this subject, have accounted for their lamentable deficiency of knowledge as to the statistics on record, by ascribing it to their non-acquaintance with the *German* language! Thereby hangs a tale, for which we are indebted to a friend at our elbow.

A facetious doctor, who was called to prescribe for a contusion of the hip, in the person of a lover of the marvellous, directed that a *black cat* should be beheaded, and immediately split open through the spine, and then, that the opened body of the victim, should

be forthwith applied as a poultice to the injured joint. A medical friend who had been sent for, arrived soon after, and expressed his disgust at the cruelty and superstition of the remedy, and ventured to inquire of the prescriber what authority he had for so outre practice. The doctor only answered by inquiring, "My dear Sir, do you understand German?" and on receiving a negative reply, he continued, "Sir, if you never read the German medical authorities in the original, you are and must be ignorant of your profession, and cannot be expected to know anything of the virtues of the poultice made by splitting open a *black cat*. By all means then learn German, read German books, and you will then know all about it." It would seem that our friends at the Pathological Society have been caught napping for want of reading German, not merely, but as will soon be made apparent, their reading French and even English, has been sadly in fault, or they have profited but little by either.

We forbear to say more, until the report by Dr. Hosack shall appear, for the publication of which we are indebted to the narrow and short sighted policy of a few savans in the Pathological Society, in withholding justice from an "*outsider*." They had better reasons for proscribing him than even this, but the pamphlet will speak for itself.

Louis Kossuth, Governor of Hungary.

This eminent civilian and statesman, this champion of civil and religious liberty, whose sufferings in the cause of his bleeding and down-trodden country have been little short of martyrdom, is now safely sojourning here, on the invitation of the National authorities, and has been receiving the first instalment of American hospitality in the city of New-York. He has been welcomed by nearly all ranks and conditions of our people, and is winning all hearts by his profound learning, surpassing eloquence, and transcendent patriotism; while his modesty, candor, and the artless simplicity of manners which characterize his whole demeanour, have extorted the admiration of all. The clergy and the bar have done themselves and their respective professions honor by honoring him; and we very much regret to say, that the medical profession have suffered him to depart without approaching him even by a congratulatory address.

Meanwhile this patriot, philanthropist and Christian, has been denounced as a "humbug!" by three distinguished *saints* at present in New-York, who are none other than His Eminence Cardinal Hughes!—General James Watson Webb!—and Lola Montes! the celebrated danseuse. May the illustrious trio be "alone in their glory" until their verdict shall be annihilated in the acclamations of the whole American people.

Great American Work on Surgery.

Lippincott, Grambo & Co. of Philadelphia, have issued from their press a new and invaluable work en-

titled, "A system of Operative Surgery, based upon the practice of Surgeons in the United States;" and comprising a bibliographical index, and historical record of many of their operations for a period of 200 years. By Henry H. Smith, M.D. who is an eminent teacher and practitioner in the schools and hospitals of Philadelphia.

Two numbers or parts have been published, abounding with numerous steel plates, richly colored, and finished throughout in the best style of the art. These engravings are many of them from original drawings, and Daguerreotype impressions, accurately taken from nature, while copies have been made in the same style of finish from the great work of *Bernard & Huette*, and the sources whence these gentlemen had derived their beautiful drawings.

We are sure the profession will welcome this truly national work, in preference to being dependent, as we have too long been, upon reprints of foreign books in this department; and for the reasons named, the *two translators*, whose services have been put in requisition upon the French work, the plates of which are reproduced in this American publication, might have spared themselves the uncalled for labor; and their worthy publisher, what we fear will prove to be an unprofitable investment. For the sake of the letter, who deserves it, we could wish better things, but his book has been superseded by the prior appearance of Dr. Smith's more complete work.

Cazenave on the Skin.

This well known work by Cazenave and Schedel, with notes and additions by Thomas H. Burgess, M.D. and still greater improvements by our fellow citizen, Dr. H. D. Bulkley, of the N. Y. Hospital, has now passed to a second edition in the hands of its publishers, Messrs. S. S. & W. Wood, of New-York, who have brought it out in their usual style of excellence. It is justly esteemed as a standard work in this department, and the valuable improvements introduced into this edition both by the author and the American editor, greatly enhance its value. Its general circulation among the profession would greatly tend to correct the disgraceful quackeries which abound in the treatment of this important class of maladies, and which too often fall into the hands of empirics, because of the lamentable deficiency of information among the profession, which is the source of their failure; and has probably given currency to the opinion often expressed, that cutaneous diseases are among the opprobria medicorum. Let this manual be studied, and placed in every medical library as a book of reference in this department.

Discriminating Benevolence.

Among the liberal bequests of the late Augustus Graham, Esq. of Brooklyn, we observe a legacy of \$5000, to the Brooklyn City Hospital, for the purchase of Surgical Instruments, apparatus, &c. including a

Hydrostatic bed and other improvements of modern science, for the benefit of the wounded and sick poor who may become inmates of this charity. The name and memory of such a testator, merits an enduring memorial, evincing as it does, alike his humanity and good sense, a combination rarely exhibited in the last will and testament of even benevolent men.

Fire Annihilator.

The public experiments recently made with this catch-penny imposture, have abundantly confirmed the justice of our strictures in late numbers of the *Gazette*; and after the testimony of those qualified to judge, as were the veteran firemen who witnessed the late exhibition, and certify to its failure, we are not surprised at the outbreak of popular indignation which resulted. The patentee, however, means to die hard, since he pleads for still another experimental trial, instead of testing his machines in some one of the nightly fires, which are ever occurring in all our cities, which it must be obvious would be the dictate of honesty, if this were heeded.

Meat Biscuit.

This novel invention of Mr. Borden, to which we referred in our last number, is beginning to attract public attention, as it deserves. Its adaptation to the preparation of beef tea, broth, or soup of any desired consistence, for the use of invalids; and especially for the supply of Hospitals; has attracted the attention of physicians in Europe, and merits the notice of medical men here, as an American invention which has earned the highest award at the World's Fair.

Should public benevolence be called upon in any of our cities to provide soup houses for the poor, a few pounds of this Meat Biscuit would furnish hogsheads of wholesome and delicious soup, to which peas or vegetables of any kind may be added, to render it still more palatable and nutritious. It has the advantage of being speedily prepared, and can be obtained at a very low price.

Professor J. K. Mitchell.

We have been favored with a copy of the able and instructive lecture of this distinguished teacher in the Jefferson Medical College of Philadelphia. "The progress of recent science," is the subject chosen, which is elaborated with the excellent taste and rare scholarship which are characteristic of its author, whose popularity with his class is well merited by his devotion to their interests. If the limits of our humble sheet did not forbid, we should transfer much of this learned discourse to our pages, but can only make room for a single sentence, which may serve to *show its* practical character.

"We are too apt to think that discoveries require a special genius, and a rare combination of talents. Yet if we examine the private history of even the greatest scientific achievements, we shall learn that attention and industry contributed more than genius or peculiar

talent to the advancement of science. As *Action!* *Action!* *ACTION!* is the essence of oratory, *Work!* *Work!* *WORK!* is the soul of discovery.

"That no man is a hero to his *valet de chambre*, is a trite remark, but one from which we may extract a valuable lesson. The nearer we approach to great men, the less do they commonly seem to be. The more we see of them, the more do they descend to the level of common humanity. In conversation they are seldom remarkable for either thought or expression, and not unfrequently a successful interrogator of nature asks commonplace questions and gives commonplace answers. In fine, when men are brought into immediate and extemporaneous assemblies, the differences by which they are separated by fame and achievement, seem to dwindle into insignificance. They can show then only their talents, and these differ generally but little from those of others; but they cannot then show the indomitable will, the prolonged search, the untiring patience, the hope deferred, which maketh not them sick, but rather invigorates resolve, and strengthens persistency. The brilliancy of an era in science will more depend upon the habits and spirit of the age, than upon its peculiar men, or its eccentric minds. The first germ of, at least, physical truth, is commonly an accident. The inattentive man may overlook it, the careless man undervalue it, or the indolent man neglect it, and it may thus be lost for a time to the world. But nature knocks frequently at the door of observation, and attracts at last the attention of some one whose curiosity prompts him to investigate experimentally, and whose good sense teaches him that nothing new in nature can be valueless.

Simple Cupping Instrument.

(Boston Med. and Surg. Jour. April, 1851.) At a recent meeting of the Suffolk District Medical Society, Dr. Gould exhibited a new instrument for cupping, formed of a thick, firm, hollow India-rubber ball cut in half. In applying it, all that is necessary is to place the concave surface on the part that is to be cupped, and press down the centre to exhaust the air, after which the fingers may be taken off, and the ball will be found to adhere, and quite firmly, too, by means of the vacuum created. For all the ordinary purposes of cupping this simple contrivance will be found most effectual, and particularly in dry cupping. It has advantages over glass cups, either with or without the pump, and the cost of a dozen of them would not exceed a dollar; besides, there can be no breakage or liability to get out of order, nor is anything required to exhaust the air from them, save the pressure spoken of when they are applied. To the country practitioner, who cannot always have leeches at his command, this simple and cheap substitute will be most acceptable.

New-York Academy of Medicine.

A report of the last meeting has been crowded out, but will appear in our next number. The attempt to proscribe a Medical College by erecting a censorship over the exercise of their chartered rights, met an inglorious defeat.

Address delivered in the First Presbyterian Church, at the Funeral of Dr. John Kearney Rogers, by the Rev. Dr. Potts.

"We have come hither to bury our dead." Forty years ago the grand-parent, the venerable and excellent Dr. John Rodgers, the Pastor of this Church for 47 years, was laid aside from his labors; and eighteen years ago, the parent, Dr. Jno. R. B. Rodgers, eminent in the medical profession, an exemplary Christian, and long an office-bearer in this Church, was laid beside his father—and now we multiply these sacred relics of two generations, by adding to them the mortal remains of our friend and brother, a worthy scion of a worthy stock. He too, was "eminent and excellent;" his removal has occurred at the meridian hour of usefulness and distinction. His sun has set at noon; and we are gathered here, to testify that we loved and revered him while living, and to mourn that we shall see his face no more on earth.

He bore many relations, and in every one of them will his departure be keenly felt. By his intelligence, skill and fidelity in his profession, he has held a very large place in the respect of his professional brethren. He has long been eminent among the most eminent not only in this city, but through the land: no small honor this, in a calling so honorable, and so ably and numerously occupied. A very large circle of families who confided in him, will also mourn that their "beloved physician," to whose skill they had looked for the cure or alleviation of disease, is no more to visit them in their hours of sickness, and refresh them with his benevolent sympathizing smile. Those too of the poor, to whom he devoted a share of his time and purse, must now turn for relief to his brethren of a profession, to which (it is right to say here) the poor are as largely debtors for self denied and disinterested but unrecorded services, as to any class of benefactors in the community. An extended circle of friends will mourn their loss as they recall the frank, open-hearted, honorable and steady friendship, which served to brighten the hours of social intercourse. The Institutions which are much indebted to him as one of their founders, or advisers, will miss his untiring zeal, and judicious counsel. The Church and the Cause of Religion which owe much to his silent influence, and to the firmness with which upon all proper occasions he professed his Faith in Christ, must console herself for the loss of this Christian physician, by the knowledge that she has yet left many of a like spirit, whose skill is beautified by the lustre of a noble Christian life. But what shall I say of the acuter grief which the Husband, the Father, the Brother has left behind him in the sacred privacy of the family. Let us not invade that privacy: let us leave it to the ministrations of the holy and supporting truths which carried their beloved one through the last conflict so peacefully and firmly. May He who brought again from the dead our Lord Jesus, that great Shepherd of the Sheep, comfort their hearts with the holy faith, that, "them who sleep in Jesus, will God

bring with him, and so they shall be ever with the Lord."

We are not now, for the first time, following one "who goeth to his long home." Death has lost its strangeness. It has reigned over all men, and here we have only a repetition of lessons already inculcated many times. And yet, although the mourners go about our streets so frequently, we all feel that there hangs about the last hours of a human life, a sacred and solemn importance which belongs to no other period. We naturally ask, What were its peculiar experiences? What form did treacherous disease assume when it came to do its last work? What were the fluctuations of hope and apprehension in the minds of the assiduous watchers, who sought to arrest or soften the final blow? But above all, how stood the soul, the spiritual occupant of the tabernacle, as it witnessed the taking down of one part after another of the tent in which it had dwelt? How did it look forth, for the last time, from its windows, until they were darkened, upon the familiar objects, which had ministered to its pleasures and occupied its thoughts and labors so many years? How did it contemplate its critical change? what did it think of its destination? what solitudes, what hopes and fears, what agitations or confidences did then disturb or soothe it?

My friends, it becomes me to lift the curtain of his last hours, and to give you here a glimpse at least, of that hidden life of the soul which revealed itself during his contest with disease. To others I leave the questions of the nature and workings of the subtle miner who out of sight carried his approaches up into the very citadel of the corporeal life. It is of the higher life I speak, when I say, that its diseases were not mortal, that we saw how it was rapidly undergoing the cure of the great Physician, and how tokens of the approach of complete and indestructible health increased steadily, until the sanctifying spirit of God finished his work as the last blow was struck by the removal of a body which oppressed its noblest functions. As the outward man perished, we saw the inward man renewed day by day. From the first day, when our friend and brother laid himself down upon the bed from which he was not destined to rise, and at a time when he had no idea that his last attack had come, he expressed, with directness and simplicity, his Faith and Hope—and left us not in doubt that he had within him the peace of God which passeth understanding. Early in life he had chosen the hallowed principles of the Christian faith, as his guides, his directors and comforters, and never swerved from those settled convictions which had led him safely through the numerous temptations which surrounded his youth at home, and when abroad in other lands. He escaped also from the seductions of the false materializing philosophy to which so many of his chosen profession fall victims. He could not yield himself to the thought that the outward and visible organism constitutes the whole of the living,

sentient, thinking, feeling man, but he felt that a true induction of physical and mental phenomena would never permit a candid reasoner to confound them, by identifying them as the same in nature and destination. *Spirituality and immortality* were parts of his science, and solved for him many of the phenomena of human life, inexplicable without them. But when, to all that reason and observation could suggest upon these subjects, he added the overpowering testimonies presented by the revelations of heaven, bringing life and immortality to light, and when, addressing themselves to his inner consciousness of sinfulness and want, he listened in faith to those revelations, they brought him to the full and explicit avowal of his convictions that in Christ—Christ the Teacher, Christ the expiating High Priest—Christ the King and Ruler—is life eternal. The power of these convictions revealed itself when the strain of trial came. Calmly did he declare that in "Redemption through Christ Jesus" (the scorned and hated faith upon which Pharisee and Sadducee of all ages have tried their power)—rested his hope as a man, as a sinner, as an humble believer. Through his illness and as the last of earth appeared to his eyes—when he felt that the golden bowl was breaking—here, at the Cross, symbol at once of his sinfulness and his deliverance from sin—he laid his burdens down, saying, "I am happy," "I am at peace." Having uttered these and similar assurances he literally departed as one who falls asleep. I would not disparage the life we live here, by urging too far the thoughts of its brevity, uncertainty, feebleness and exposure to evil. For in this short life, this uncertain, feeble, suffering life, great things may be done, great benefits interchanged, great foundations laid, great interests secured. But allowing all the importance which can be justly claimed for its honors or pleasures—it is when we surround the grave, that we feel that the *preparatory* character of our present life can alone redeem it from the charge of being an abortive, unmaturing thing, like an untimely birth. When regarded as a *beginning*, it loses half its confounding mysteries. Its best successes cease to be paltry, its struggles and defeats assume a high importance. The nursery of the child, the school-room of the boy, are the moulds of the man. This world is but the nursery and the school-room. Mighty powers of soul, often showing themselves in appetences and longings and dreams of the vast future—cannot find an adequate vent here. They must struggle outward and upward. And it is this stretching of the wings that the Christian faith so largely encourages. For ourselves and for others our fore-runners in the race of life, how ennobling the prospect which a higher and grander and purer life holds out? How it dissipates the gloom which must otherwise envelope the grave of the body, to know that the dropping of that body is a triumphant stage in our progress—an escape as of a prisoner. The prisoner, the soul, is not in its natural and normal state when so confined. It feels itself hemmed in by bolts and bars. In the furrows of care which seem every

countenance, what do we see but the inscriptions upon the prison walls in which the prisoner has written his griefs and longings for a better life?

What then do we owe to Him who has enabled us to look across the chasm; nay to see it bridged and made passable to the traveller, and to enjoy prospectively that which we shall enjoy really—a grand, unconfined, progressive life, of which the chief characteristic will be its purity. For it was in such "earnest expectation and hope" that our departed brother contemplated the contrasted values of the life that now is, and that which is to come. Let me then seize the occasion to commend his Hope to your acceptance. First, as to *the attainment of knowledge*. We do not underrate his attainments in knowledge and skill, when we say that we regard them as little more than the alphabet of the child, when compared with the attainable knowledge which is to be gathered in that higher condition. We are under the power of limiting circumstances. We cannot know all, nor can our knowledge secure us against some of the most familiar evils of life. We catch, after all but glimpses of the great secrets of material organisms. And the still higher topics of thought! God, the chief of all, his works of Providence, his perfections as discovered in the workings of Redemption, the harmonizing of his attributes which now so often seem to cross and contradict each other, the bearings and dependencies of events which occur in social and individual history—how many problems to be solved do these topics present! But we must leave these to that holy future, for we are not now capable of solving them.

Now we are only able to survey
 Dawnings of beams and glimmerings of day,
 Heaven's fuller affluence mocks our dazzled sight,
 Too great its swiftness and too strong its light.

And to a soul conscious of the possession of noble faculties, and which under their impulse bounds forward as his did, but finds itself restrained in every direction, does not the thought of emancipation and final progress, present an argument which calms the disturbances produced by its present attachments, and makes it "willing to be gone." Furthermore need I commend to you that other stimulus to his christian desire to enter upon the future, viz. that it is an *escape from care, toil and suffering*? Not an escape from activity: no: but from the discipline of sorrow and care which attends all activity here. Such a discipline is indeed a necessary, just and wise ordination of God. It is therefore a good, but only in the sense in which the firmly held knife of the surgeon and the amputation of the corrupted limb are a good. The evils which are inevitable in the pathway of life, are not in themselves desirable, and we need some other power to meet them than that of a dogged stoical bravado. Faith only makes them profitable, by quickening our humility, and stimulating our desires to escape from the sin which has made them inevitable; Death ends them, by ending the cause of them. "The rest that remaineth for the

people of God" derives its name from the fact that all service here, is at least accompanied by toil—while there the soul shall ceaselessly and actively employ itself without toil or fatigue and with none of the hindrances of outward evil, or from feebleness or sickness in the *body*, its wonderful but imperfect instrument. The opposing ideas of *rest* and *activity* are harmonized only in such a condition. Holy, therefore, and full of meaning are the words with which we are wont to follow the departure of every one who under Christ's guidance, has entered upon the unseen, "Blessed are the dead who die in the Lord from henceforth: for they do rest from their labors, and their works shall follow them." One of the grounds of celestial happiness we may believe is a continued approximation to the Infinite. It is the asymptote and the curve of a Finite and Infinite nature, ever nearing but never meeting. This implies *activity*. The *rest* is the *reposing motion* of the eagle. "You cannot see the stirring of his wings, and yet he soars."

But finally and chiefly, I commend earnestly our departed brother's hope in respect to the chief object of it: deliverance from all sin, with its attendant impurities. It was not, that he desired death as an escape from disciplinary pain and toil—but as an escape from sin, that we urge you to imitate his example. He learned at the Cross, where to find forgiveness, and how to hate *sin*. He saw there its pardon secured and its habitual power broken, and the hope of a final deliverance in Heaven sealed. Defilement from sin, is the great evil, only to be terminated *there*. To a sensitive soul, the spectacles and sounds of living misery, the anguish of disappointment, the humiliations of jealousy and envy, and their fruit calumny, these and kindred inflictions, will be evils worth escaping. But beyond and above all these outer evils are the innermost struggles with the stupifying, belittling, debasing and polluting influence of sin; its intrusion in the deceptive forms of unbelief, pride, vanity and world-loving, all hanging like leaden weights upon the wings of Faith, Hope and Charity. To be released from these, he was willing to quit all else and pass through the mystery of death. Purity was, to his Faith, the culminating glory of heaven. To be made holy, was according to his creed, to be made happy.

He is gone: his remembrance will soon be all that is left to us on earth. His place at the fireside, at the bed-side, in the house of God, will be no more filled by himself, but by others. And for a season, we must be allowed to mourn for our loss. But blessed be God—all selfish considerations are swallowed up in the glorious thought that he is gone to the God of his fathers.

The Clinical Lectures at Bellevue, which have been announced with such a flourish of trumpets, have turned out to be a failure. Better luck next time. Our correspondent will excuse this brief note which is all for which we have room.

Two Cases of Compound Fracture.

CONSERVATIVE SURGERY WITH OBSERVATIONS, BY

JOHN O'REILY M. D.

Licentiate and Fellow of the Royal College of Surgeons in Ireland, and Resident Fellow of the New-York Academy of Medicine.

Mr. John Hegarty aged 23 years, born in Ireland, of bilious temperament and sober habits, whilst employed in a foundry at Newark, New Jersey, on the 18th of April, 1851, had the right tibia obliquely fractured in two places a little below its centre, at the same time that the fibula sustained a comminuted fracture by the falling of several boiler plates, measuring twelve feet in length, on his leg. A lacerated and contused wound corresponded to, and communicated with each fracture.

The fragment or middle portion of the tibia between the two fractures protruded through the wound.

Considerable hæmorrhage took place, which was followed by much debility and sinking of the vital powers. The case being one of an aggravated character, presenting a frightful appearance—the leg being literally hanging off, several medical practitioners on witnessing the vast extent of the mischief, urged the necessity of amputation, as the only remedy to meet its urgency. The patient and his relatives protested against having recourse to such an alternative.

On the morning of the 21st. I was requested to visit him, and assured that whatever suggestions I gave would be acted on.

Finding no evidence of mortification, that the hæmorrhage had abated, that the patient's constitution was good, I stated my conviction that there was a possibility to preserve the leg.

Having recommended the patient to have anodynes and restoratives, as well as the leg to be placed in a proper position, and water dressings applied, I took my leave.

On the 1st of May I was again called on to examine the patient, and told by the messenger that the doctor in attendance insisted that the leg should be cut off, and that he (the doctor) had Dr. Mott, who was visiting a patient in Newark, to see him.

Previous to going to Newark I waited on Professor Mott, and had the gratification to learn that the opinion of this eminent and celebrated surgeon coincided with my own views of the case. Dr. Mott further told me that the doctors in Newark had determined on amputation, and would have carried out their intention, only for his remonstrance.

On the 2d of May I succeeded in removing the fragment of the tibia, comprising about three quarters of an inch of the entire shaft of the bone, and measuring over two inches in length, of a diamond shape. Hæmorrhage, it should be mentioned, took place from the wound over the tibia, on the 1st, 2d, and 3d of May, and was arrested by inserting pieces of sponge into the

wound and making slight pressure with a tourniquet over the femoral artery.

On the 5th of May, I again visited the patient, when I opposed the removal of the sponge by the doctor, as being likely to be succeeded by further hæmorrhage, which I felt convinced the patient could not bear up against, whereupon the Doctor declined having any further to do with the case.

The entire responsibility now devolved on me. The patient being in a debilitated condition, I directed him to have an anodyne at bed time, bark-mixture in the course of the day, generous diet and milk punch.

On the 12th of May I removed the sponge—applied warm dressing a many tailed bandage, and a suitable apparatus to keep the limb in a proper position.

On the 14th of May I examined the leg, and found suppuration going on freely. It is unnecessary to give the details after the last date so minutely, suffice it to say there was profuse suppuration with slight ex-Foliation of the tibia, and no attempt at union was perceptible up to the 20th of August.

Hectic fever was kept off by the constitutional treatment, already specified, being strictly adhered to: indeed the imbibition of stimulants and restoratives was not confined to specific quantities, but given in abundance.

First of Nov. the patient can walk with crutches—the wounds are cicatrized—union of the bones has taken place, and he is in good health. The cicatrization of the wound was promoted by the application of caustic wash and dry lint, and the union of the bones favored by the continued application of the splint. The leg is shortened about three quarters of an inch; but destined to fulfil its former functions.

29th of November, the patient has walked to Belleville, since last report, feels the leg much stronger, the muscles are becoming developed—the limb has gained much in appearance.

15th December, the patient can lean almost his entire weight on the right leg, which now presents an excellent appearance. The union of the fracture in the tibia, as well as the fibula, in every respect is complete and strong. The patient expects shortly to resume his employment.

2d CASE.—James Keigan aged 33, a native of Ireland, of sanguineous temperament and temperate habits, had his right foot crushed by the breaker of the Railroad baggage car, at 6 o'clock A. M., on the 1st of October, 1851, at Newark.

On examination at 6 o'clock P. M. a lacerated wound was found extending on the inner aspect of the foot, from within an inch of the internal malleolus, to the ball of the great toe, opening in its trajet, the articulation between the scaphoid and internal cuneiform bones, and communicating with a fracture in the latter about its centre. The parts covering the middle and external cuneiform, as well as the 2d, 3d and 4th me-

tatarsal bones were lacerated and contused. The phalanges of the 2d and 3d toes suffered from fracture as well as contusion of the soft parts. The fourth toe also sustained some laceration, a lacerated wound about three quarters of an inch in extent, in the centre of the sole of the foot. On grasping the foot, it gave a sensation as if the bones of the turms and metatarsus were in a state of relaxation. Such being the condition of the foot, it will not create surprise, that several of the best surgeons in Newark strongly urged amputation, against which expedient, however, the patient vehemently protested, and at once dismissed his medical attendants, and sent for me, and placed himself under my care.

Although the case presented such a formidable appearance, I resolved to give him a chance of having his foot. I accordingly prescribed an anodyne, and applied warm dressings to the wound. 2d October, patient complains of pain in the 2d and 3d toes, ordered to continue the anodyne and the same local application.

3d October.—Has had great pain in the toes—was delirious—had no sleep—pulse quick and small—tongue brown and dry—countenance sunk—2d and 3d toes in a state of gangrene—ordered beef tea, milk punch, a draught containing a grain of acetate of morphine night and morning, and a fomenting poultice to be applied.

4th October.—Has had a better night—gangrene has not increased—toes sphacelated; the same treatment as on yesterday.

5th.—No improvement, no change in treatment.

6th Oct.—Had a very bad night, had violent pain—was delirious—pulse very quick and small—tongue brown and dry—countenance sunk and anxious—soft parts already noted as being lacerated, now attacked with gangrene. The wound on the inside of the foot, has an unhealthy ash-colored look—ordered to take a grain of morphine three times daily, and continue the regimen as before.

7th Oct.—Feels better—gangrene has not spread.

8th Oct.—Patient improving—line of demarcation visible—phalanges of 2d and 3d toes falling off.

9th Oct.—Metatarsal bone of the second toe separated from middle cuneiform bone, and half of metatarsal bone of 3d toe where it was fractured.

10th Oct.—All the sphacelated parts have sloughed off—patient feels comfortable—tongue moist—pulse slower and fuller—ordered to take one grain of morphine at bed time, and have the same support as on former days.

11th Oct.—The patient is going on well; the appearance of the foot is deformed by a deep chasm between the 1st and 3d metatarsal bone, which is rendered more uneasily by the loss of half the latter bone. The external cuneiform bone being exposed, is found fractured. The first metatarsal bone is quite moveable. The internal cuneiform is pushed upwards. The foot to use expressive terms at this date, was in a state of delapidation and disorganization. On consulting with Dr. Gallagher, Demonstrator of Anatomy at the New-

York College of Medicine, who accompanied me, I determined to try the efforts of nature, in the reparation of the foot. I therefore approximated the first metatarsal bone towards the third applied lent and simple dressing, strapped up the foot with adhesive plaster, put on a roller, and adjusted the foot by the application of splints.

The patient was ordered to partake freely of all kinds of nutriment, and to have milk punch or double X porter, *ad libitum*, as well as bark. To stop taking the anodyne.

14th Oct.—Removed the dressing, suppuration of a healthy character. 14th. Granulations springing up—patient's health much improved.

1st Nov.—Since last report, luxuriant granulations have supplied the place of the lost parts—union of the fractured bones has taken place—the great toe lies in juxtaposition with the fourth—the tarsus as well as metatarsus feels firm.

29th Nov.—Amelioration has been steadily going on for the last four weeks—the patient is desirous to get liberty to walk—cicatriztion by the application of caustic wash, dry lent and oiled silk, is taking place rapidly—foot has not lost much of its normal shape, its condition at this date exceeded the most sanguine anticipations. A superficial observer would scarcely notice the defect in the foot, by the loss of the toes.

15th Dec.—Patient has been walking about for the last few days, with the assistance of crutches—cicatriztion nearly complete—the foot looks remarkably well, and the patient says he can walk on it if allowed, which is not deemed prudent, for obvious reasons for the present.

The foregoing cases must be considered highly interesting, as demonstrating the advantages derivable from conservative surgery. Some years ago, surgeons would be deemed culpable to hesitate in performing amputation, under such critical circumstances; but now it is the boast and ambition of modern surgeons, to preserve the members of the human body, in every instance where there is any prospect of attaining such a desirable consummation. The substitute of an artificial leg or arm, constructed on the most improved principles, is by no means as satisfactory to an individual as the original member, (in other words,) few wish to be spoken of as having one leg in the grave, and the other out of it; consequently, the surgeon who saves a limb, condemned to amputation, earns the everlasting gratitude of the patient.

It must be conceded, it is much easier to remove a limb, than to keep it on. It must be acknowledged too, that amputation has been had recourse to in numerous instances, where it might be dispensed with.

I am actuated to publish these cases with a view of pointing out the practicability of preserving the extremities after the most severe description of injuries.

The shock the nervous system sustains after a severe accident, is very great. The powers of life are

prostrated to a very low degree; hence, it often happens, that a person on whom amputation is immediately had recourse to, quickly sinks after the operation. The constitution being unable to withstand the violence necessarily attendant upon the operation, in addition to what it has already suffered; it therefore follows as a practical rule, that amputation should not be practised, if possible, whilst the patient is in a state of collapse.

When the soft parts are extensively lacerated, and contused, together with a fracture of one or more bones, either mortification, hæmorrhage, tetanus or hectic fever is to be apprehended.

A case of this kind presents a problem which requires all the judgment, experience and foresight of the surgeon, to enable him to solve or determine what course to pursue.

The previous history of the patient's health, habits, age and constitution, must be taken into consideration, in order to decide the point, whether amputation should be resorted to or not, as well as the importance of the parts implicated or in the vicinity of the injury.

I am well aware, I incurred a grave responsibility in taking charge of these cases, particularly as it was the opinion of some of the most enlightened surgeons in New Jersey, that amputation was imperatively demanded.

The "*Vis medicatrix nature*" must be calculated on to a great extent, in the restoration and reparation of lost parts.

This is well illustrated by the fact of so large a portion of the tibia being lost, and notwithstanding union of the fracture being established. The capability of the periosteum, in the secretion of ossific matter, as well as the susceptibility of the fractured ends of the bones in throwing out granulations, both sources combining to make up for the deficiency occasioned by the lost fragment, and the required consolidation of the fracture, beautifully demonstrates the provisions of nature in the recuperative process.

With respect to the cause which induced the secondary hæmorrhage, I should think it was produced by the sharp point of the broken fragment of the tibia, opening the interosseous artery. It must be observed, that the precaution acted on, of not removing the sponge for a number of days, was earnestly called for, in order to ensure the formation of a firm coagulum in the ruptured artery, or its certain obliteration by adhesive inflammation.

It may be asked, if so much of the tibia was destroyed, how the fibula was situated; the answer to this question is, that it was subjected to a comminuted fracture, as is deducible from the statement of the patient, who witnessed the removal of some small pieces of bone, and thus with regard to length, was placed in the same predicament as the tibia.

It will be perceived, that almost from the onset, the strength of the patients was propped up by the administration of nutritious diet and stimulants. To this sys-

tem of treatment is attributable the healthy action in the injured parts, as well as the warding off of hectic fever.

I trust I will not be put down as egotistic, or presumptuous, in making the above remarks, my aim being to give the junior members of the profession cases with facts for their guidance, which may prove profitable to them in the course of their professional career, influence them to avoid mutilation, and thus elevate the character of the profession.

83 White-street, December, 1851.

Hospitals---their History and Utility. Concluded.

In the Lying-in Hospital, inviolable secrecy is observed, if required. The female may enter masked, accomplish her delivery, and depart when able, without her name being known, or even her face seen. This is the case where the patient is illegitimately with child, or if married, is able to pay. If married and poor, she can only be admitted on certificate of her poverty, and then her expenses are assessed upon her relatives or parish.

As a necessary result from this premium on immorality, the proportion of illegitimate to legitimate births in the city of Vienna, has been found to be as one to two and a quarter; a proportion never equalled, except in the city of Munich, where, in the year 1838, the number of illegitimates exceeded the legitimate births by 270. Another result is a frightful mortality among the foundlings, amounting in 1784 to 54 per cent., and in 1812 to 69 per cent. of the number received.

In thus sanctioning such fearful social evils, the Austrian government have outraged all that we are accustomed to regard as most sacred in humanity; but the world has ceased to expect either liberality, or honesty, or philanthropy, or honor, from a government notorious for the opposite qualities.

When familiar with like institutions in Paris and Vienna, the English hospitals do not present any novel features. Several of them were originally priories or monasteries, appropriated by Henry VIII: as St. Bartholomew's, the great Bethlehem Hospital, and Christ's Hospital; while other noble and largely endowed institutions have arisen since—as St. George's Hospital, Greenwich Hospital, Guy's Hospital, the London Hospital, and many others.

The hospitals of this country, the limited time of the professor did not permit him to treat. We perceive he is re-elected President of the society for another year, and we trust he will devote his next address to the continuation of a subject with which he is so familiar, and which, since the founding of our City Hospital, is so interesting to our citizens.

(From the Charleston Med. Journal.)

[The subjoined "Card," being considered by Dr. F. M. Robertson as a final settlement of the difficulty between Dr. H. A. Ramsey and himself, we insert it,

together with his letter to Dr. DeSaussure, at his request.]

[A CARD.]

Since the publication of my reply to the pamphlet recently issued by Dr. F. M. Robertson, of Charleston, S. C. I have been in correspondence with Dr. J. J. Robertson, of Washington, Ga. through a friend, and having received from him the grounds upon which the opinion of himself and Dr. D. M. Andrews, in regard to my professional statistic was based—which opinion led them, when called on by members of the American Medical Association, at their late Convention at Charleston, to express a want of confidence in the reliability of my obstetrical statistics, and induced Dr. F. M. Robertson, a member of that association, to move to strike out the notice of said statistics from the Report of Dr. Storer, of Boston—and having received from Drs. Andrews and Robertson the assurance that those opinions were neither formed or expressed through personal ill-will towards myself, but were honestly entertained and given in pursuance of what they regarded their duty to the profession; and feeling convinced from the representations of those gentlemen that they were influenced by circumstances, which, unexplained, were calculated to impair their confidence in me as a reporter, I feel bound in justice to do them, to state that, with such impressions on their minds, they could not, when called on, having given other than an unfavorable opinion, and that Dr. F. M. Robertson, in making the motion he did, under the circumstances, was actuated by no unworthy or improper motive.

The grounds on which Drs. Andrews and J. J. Robertson were led to the statement that I had not, during my practice of physic, been continuous in one place, were my removal from Bookersville to Mrs. Wellborn's, a distance of six miles, and subsequently to this place, a distance of one and a half miles, while I regarded myself as never having left the neighborhood in which I originally settled. I have also been satisfied from the statements and evidence furnished me by Dr. J. J. Robertson, that although he has not had a general practice in my neighborhood, he has made over twenty professional visits in the vicinity of my location within the past six years, a fact of which I had not been apprised at the time my late pamphlet was published.

In issuing this card to the profession and the public, I am impelled by no other than a desire to render strict justice to all the parties concerned, and therefore feel bound, under the circumstances, as an honorable man, to withdraw all offensive language I may have used in my pamphlet, or elsewhere, touching this controversy, either towards Drs. Robertson and Andrews, or towards Dr. F. M. Robertson, of Charleston.

I respectfully submit this statement to the profession and the public, with the single additional remark, that it is regarded by all the parties as an amicable and honorable termination of the entire controversy.

Raysville, Ga., Oct. 14th, 1851.

H. A. RAMSEY.

CHARLESTON, S. C. OCT. 31ST, 1851.

Dear Doctor :—Since you handed me the two letters of Dr. H. A. Ramsay to yourself—one dated Sept. 1st, the other Oct. 1st, I have received "a card"—issued by the same gentleman—dated Rayville, Ga. Oct. 14, 1851, one of which I presume has been sent to you also.

As circumstances growing out of Dr. Ramsay's published defence of August last, and his private correspondence with numerous persons, have drawn me into personal issues with certain parties, which are yet unadjusted, I deem it but just to Dr. Ramsay, as well as due to my own position, to make the following remarks, which will prevent misunderstanding in future.

1st. The card alluded to, was unsolicited by me, but voluntarily tendered by Dr. Ramsay. Nor was the disclaimer, of its author, of imputing "*unworthy or improper motives*" to me, for the course which I thought it my duty to pursue in relation to his obstetrical statistics, or the withdrawal of "*all offensive language in his pamphlet or elsewhere*," in relation to myself, the result of any correspondence or explanation on my part, either *directly or indirectly*.

2nd. Desiring still, as stated in my note to you, of the 28th June, published in my circular of July last, to "throw no impediment in the way of his doing himself ample justice in the matter complained of," I now accept the card as an honorable amend for the imputation against my motives, and his personal abuse, and consider it, so far as I am concerned, a final termination of the personal difficulty between Dr. Ramsay and myself.

3d. Inasmuch as the collateral issues in which I have been involved, (by no act of my own, however,) with the editors of certain medical periodicals, in relation to the merits of the "Obstetrical Statistics," are yet unsettled, I hold myself perfectly free, until they are satisfactorily arranged—in case it becomes necessary for my defence—to discuss the professional merits of the points of difference, without its being considered a violation of my acceptance of Dr. Ramsay's card.

4th. If the question should be introduced into the American Medical Association, at its next meeting, which has been intimated from certain quarters, I reserve to myself the same privileges claimed in the preceding paragraph.

Having thus set forth my position, that it may be clearly understood by all parties,

I remain, very truly and sincerely,

Your obedient Servant,

Dr. H. W. DeSaussure, F. M. ROBERTSON.

Sect. A. M. A., Charleston, S. C.

Treatment of Hemorrhoids.

In the October number of the Stethoscope, Dr. Thweatt records the result of a trial made with Nitric Acid (official preparation) in this disease. The patient had been afflicted with bleeding piles during fifteen

years, with a prolapsus recti on each attempt at stool. He had undergone every plan of treatment. Dr. Thweatt recommended cauterization with Nitric Acid, to which he assented. It was done by pencilling the tumors until it produced a change of color. The operation produced very little pain, and the parts were dressed with lint and sweet oil. On the second day he was entirely free from pain; the piles were less congested and slightly diminished in size; the bright red color was changed to a dirty brown. He was made to strain at stool, which act brought into view tumors situated higher in the intestines. These were cauterized as the first, a straining, burning pain being excited. On the third day the piles were again touched. A short time after the last pencilling he was well; no tumors, either internal or external, and there was no further prolapse of the gut.

Incision of the Vulva as a Preventive Measure against Ruptured Perineum.

By M. M. PAUL DUBOIS and Chaillly-Honoré, (London Lancet, April 19, 1851.) M. Paul Dubois, and lately M. Chaillly-Honoré, strongly advocate an oblique incision of about a third of an inch on the vulva, by the side of the perineum, either to prevent altogether the rupture of that region when much distended, or when the rupture is inevitable, to promote it on a spot where it can produce but little mischief. Both the above accoucheurs support their views by successful cases.

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We invite the examination of the Faculty to the above, as well as to several of the new and valuable remedies recently announced, of which we have secured a supply, viz.:—The Kousoo, for the expulsion of the Tape Worm; Hydroferro Cynamate of Potash and Urea; the new Febrifuge; Drages of Lactate of Iron, &c. &c.

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TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the *materia medica*. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Manite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New York *Express* newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The *price* is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue Mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the *price* of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

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PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Impissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity and efficacy not equalled by any* offered in this or any other market.

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are prepared by steam process, and in a *VACUUM*, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority

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" " Seeds,
" " German,
" Chamomile,
" Colocynth, Ordinary,
" " Opt,
" Dandelion, Alcoholic,
" " Impissated,
" Digitalis,
" Gentian, Opt,
" " Ordinary,
" Hyosciamus,

Extract of Hops,
" Jalap,
" Lupuline,
" Rux Vomica,
" Piurroot,
" Quassia,
" Rhubarb,
" Sarasaparilla, Simplex,
" " Compound,
" Para " Alcoholic,
" Hon. " "
" Stramonium,
" " Seeds,
" English Valerian,
" Dutch "

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active *therapeutical effects* which they should possess, we take pains to *procure the herbs* from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

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" Sulphas, Pure,
" " Exsiccated,
Iodide, Arsenic,
" Lead,
" " Crystals,
" Iron,
Mercury, Bin Iodide,
" " Crystals,
" Protiodide,
Morphine, Sulphate,

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Zinci Chloride,
Chloride Soda, de Laharrique,
Confection Rosas,
Confection Senega,
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Ung Mercurial.

Many of these chemicals differ in *appearance* from the chemicals of commerce, as well as in their valuable properties, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, held the first rank among choice chemicals.

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Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynthis, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Camellol will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The life of the patient, as well as the success and reputation of the physician and apothecary, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

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" Allspice,
" Aloes, Capc,
" " " Soco,
" Assafetida,
" Antimony, Ref. Blk. Sulph.
" Angostura Bark,
" Aniseeds,
" Bayberry Bark,
" Belladonna,
" Blood Root,
" Bitter Root,
" Black Root,
" Borax,
" Buchu,
" Caraway Seeds,
" Cantharides,
" Canella Alba,
" Cardamon, (Seeds only.)
" Cicuta,
" Cranesbill,
" Cloves,
" Cinnamon, ordinary,
" " Ceylon,
" Cohosh, Black,
" Columbo,
" Colchicum Root,
" " Seed,
" Colocynthis Pulp,
" Cubebs,
" Digitalis,
" Elecampane,
" Ergot,
" " 1 oz. vials,
" Ext. Colocynthis, C'd.
" Licorice, Calab.
" Fennugreek Seed,
" Gentian Root,
" Ginger, Jamaica,
" Golden Seal,
" Guaiac Resin, from Tears,
" Gum Arabic, Turkey,
" Gamboge,
" Mastic,
" Myrrh,
" " Tragacanth,
" Hellebore, white,

Pulv. Hyosclamus,

" Ipecac, without the woody
" centre,
" Ipecac and Opium, (Dover's
" Powders.)
" Jalap,
" Kino, True,
" Lobelia,
" " Seeds,
" Mandrake,
" Marsh Rosemary,
" Mace,
" Mescreon,
" Nux Vomica,
" Nitrate Potass, Pure,
" Nutmegs,
" Nutgalls,
" Opium, Turkey,
" Orange Peel,
" Orris Root,
" Pepper, Cayenne, Amer.
" " Black,
" Peruvian Bark, Loxa,
" " Red,
" " Calisaya,
" Prickly Ash Bark,
" Pink Root,
" Pleurisy Root,
" Rhubarb, Turkey,
" " East India,
" Rhatany Root,
" Sarsaparilla, Fern,
" Sage,
" Summer Savory,
" Sweet Marjoram,
" Sabina,
" Senna, Alex.
" Seneca Root,
" Scammony, Aleppo, No. 1,
" " Virgin,
" " 1 oz. vials.
" Snakeroot, Virginia
" Squills,
" Sulphate Copper,
" " Iron,
" " Potass,
" Uva Ursi,
" Valerian, English,
" &c. &c.

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☞ The great and increasing demand for Cod Liver Oil, and the difficulty of procuring the oil in its pure state, and such as we can guarantee to our customers, has induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure when ordered in bulk.

The value of this oil, as a remedial agent in scrofulous affections and pulmonary diseases, is no longer a question—the daily experience of medical men, in its administration, only adds to its reputation. In this, as in all articles upon which we place the guarantee of our name, we wish to be understood as offering, to the purchaser and consumer of medicine, the best of its kind that the market can afford.

TO DRUGGISTS.—In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to dealers, which must influence all who not only like to have a fair equivalent for their money, but at the same time to have goods that are what they purport to be, and such as will bear the strictest examination and analysis.

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Vol. III.

JANUARY 15, 1852.

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CONTENTS.

New-York Hospital, ...	15	New-York Academy of Medicine.—Microscopy, ...	19
Bellerue Hospital.—Medical News, ...	15	Webster's Dictionary in India, ...	20
Dr. Hosack's Pamphlet, ...	16	Law Inadequate to Protect Medicine, ...	20
Kossuth and Sir James Clark, ...	16	Dr. Stephenson's Introductory.—Hints to the People, ...	21
Medical Mayors.—Ophthalmic Medicine and Surgery, ...	17	Communications, ...	22
The Opium Practice in Puerperal Fever, ...	17	New-York Medical College.—Case of Hernia.—Successful Treatment of Hydrocephalus by Purgation with Jalap, ...	24
To our Correspondents.—Reply, ...	17	New Publications, ...	25
Monument to Dr. Jenner, ...	18		
Tribute of Respect.—Monograph on Physical Diagnosis, ...	18		

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A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

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[It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

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To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high-superiority over Laudanum, Targorie, Black Drop, &c. narcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the native medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Salutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable and trusted agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L. I., July 7, 1816.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to not like other remedies, the most agreeable symptoms, and where other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without recovering consciousness as usual, as the effects of such Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that no anti-emetic is in such a case. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all rights, title and interest in this article, and having become sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 2.

JANUARY 15, 1852.

\$1 PER ANNUM.

Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *three dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

The third volume having commenced with the last number, for which the demand has already nearly exhausted the entire edition, we can hereafter give no assurance of supplying new subscribers, antecedent to the date when their names are received and placed on the mail-book.

Our thanks are due to the large majority of our patrons for the prompt payment of their subscriptions, and in view of the low price of the paper, we trust that delinquents will remit the amount due forthwith. *Advance payment* is indispensable, else discontinuance is unavoidable, and ought not to be complained of.

The rapid increase of our subscription list affords gratifying evidence of the sense of the profession, that there is pressing need of an independent journal, to protect the great body of medical men from the clandestine injustice which cliques and party journals are ever inflicting, by combinations of exclusives for purposes of self-aggrandizement and the disparagement of their brethren, who, if not their superiors, are at all events their equals. We appreciate the kindly and cordial greetings which are daily reaching us from so many sources, encouraging us by assurances of systematic exertions to increase the circulation of the Gazette by *sending us new subscribers*. This is the kind of patronage we need, to enable us, by reaching a multitude of minds in the profession all over the country, to give the needed impulse for a concert of action so extensive and powerful as to crush the cliqueism which is every where the destruction of that *esprit du corps* which can alone exalt the fraternity any where to their true position. Let the great body of medical men in

every neighborhood rally in solid phalanx against every clique or secret society, and combine *se defendendo*, for the common defence against these conspiracies of the minority against their equals; and the *methode numerique* will be found omnipotent.

This journal will fearlessly, as heretofore, espouse the cause of the profession against conspirators who endanger the common weal of the fraternity, under whatever specious device of cliqueism they may conceal their sinister and unworthy, because selfish purposes. The exposure of all such will be made, without fear or favor, whenever the facts are furnished; and like kindred vice in other departments,

This is a monster of such hideous mien,
That to be *hated*, needs but to be seen.

Subscriptions, Advertisements, Books for Review, and all Communications, may be addressed to the Editor, No. 775 Broadway, free of charge.

New-York Hospital.

The vacancy in the surgical department, occasioned by the death of Dr. Rodgers, is not yet filled. The prominent candidates are the following, viz: Doctors Chalmers, Carnochan, J. R. Wood, and Markoe, although a host of ambitious *operators* about town are urging their pretensions.

Bellevue Hospital.

We have an amusing account of a break down in one of the clinical lecturers, who amuse the students at this concern by blundering through what is regarded as a caricature upon medical teaching. It is altogether too personal, however, and "the game is not worth the candle."

The Medical News, for January, commences the republication of Simon's Lectures on Pathology, which will be worth all the works extant on the subject. It also contains eight pages of novelties in foreign and domestic intelligence.

Professor Miller, of Georgia, has published in the last number of the Southern Medical and Surgical Journal, a highly valuable monograph on Phlegmasia Dolens; with remarks on Phlebitis, which we would gladly reproduce as timely, and eminently calculated to be useful, but our narrow limits forbid it. We are ever regretting the contracted space of our columns and wish we had more room. We have marked a portion of the article for our next number.

Dr. Hosack's Pamphlet.

The limits of our humble sheet forbid anything like a review of this publication, which has appeared and is for sale at the book stores. We can only take room to notice it and allude to its character and contents.

It is addressed to the Medical Profession, and purports to be the history of the case of Dr. J. Kearney Rodgers, including his symptoms, diagnosis, treatment, and result, together with the *post-mortem*, and critical remarks thereon; and exhibiting the discussions in the Pathological Society on the whole subject, which certainly exhibit certain leading members in an anomalous and even ludicrous aspect. In our opinion, Dr. Hosack fully justifies himself for publishing in pamphlet form, what under other circumstances should have been done through one of the medical journals. This case had been made the topic of discussion at a public meeting of the Pathological Society. The three attending physicians to whom the responsibilities had been committed by Dr. Hosack's early retirement from the consultation, placed their version of the case before the meeting, and one of them took occasion to name Dr. Hosack and his relations to the patient, in terms which were deemed exceptionable. Moreover they had elicited from the society a full vindication for their confessedly mistaken diagnosis, the ground being taken that it was excusable for the reasons named in our last, and that it did not vary the result. While the impression was created that Dr. Hosack, though differing with them, had no better knowledge of the case than they, until the autopsy enlightened them all.

Dr. Hosack claims to have distinctly diagnosed the disease to have been what it proved to be on dissection; and as distinctly to have maintained that it was not a case of Fever either intermittent or remittent, and hence he could not consent to the views of treatment insisted on by his colleagues. His retirement, under the circumstances, was clearly his only alternative. We have read the pamphlet and also Dr. Swett's after-thoughts on the case, since published in the Medical Times, and differ *toto calo* with both sides of the mooted question; regarding as we do the admitted therapeutics of either, as by no means creditable to the profession. In all candor we are constrained to say that with the grave estimate of hepatic mischief, which Dr. Hosack claims to have entertained, we see not how the tardy and efficient practice pursued for the first week or two could be relied on. The first prescription

at all adapted to such a state of things, viz: Cupping and Calomel, seems to have been suggested at the late period when Dr. Swett was introduced, and he seems to have been overruled, for other remedies were agreed upon, as would seem, while as yet all four of the physicians were concerned.

In reviewing the whole subject our conclusions are that from the insidious character of the disease of Dr. Rodgers, it was characterized throughout by very great obscurity, which was calculated to induce, in any wise and skilful physician, very strong doubts as to the true pathological state, and by consequence corresponding hesitancy as to its treatment. And this, so far from implying any want of skill or discrimination, would authorize the contrary inference concerning all his physicians, while it would render some difference of opinion highly probable, and in which case one might turn out to be nearer right than the other. Such a result, while it should not impair confidence in the one, neither should it be taken as proof of superiority in the other. Both parties should admit the facts of the case, and neither should attempt to disparage the other. All did the best they could for the patient, and for all that appears, the best that could be done by any body; for whatever may be alleged as to the curability of such cases, we have seen nobody who has the presumption to say that this case could have been cured, since the revelations of the autopsy.

Finally, it is our judgment that no inferences adverse to the profession ought to be made, from all that has appeared, by the community at large; who unfortunately are predisposed to disparage the science, when "doctors differ;" which has been—is—and will be evermore. There are frequently occurring isolated examples of occult and fatal ravages in the great cavities of the body, which are unsuspected during life, because of the absence of the usual signs. Nor are mistakes in diagnosis peculiar to any school, but they are incidental to all human decisions, and only prove that men are not infallible. If the public can confide in any physician or class of physicians, who profess to be exempt from the liability to err, they are welcome to their *robuste foi*. Neither of the gentlemen concerned have ever professed infallibility, but no one who knows either of them will impeach either their intelligence or their integrity on this account. 'Tis not in mortals to command success. Let us do more—aim to deserve it.

The *London Lancet* contains the following announcement:—

"Kossuth and Sir James Clark.—Sir James Clark has waited on the distinguished Hungarian refugee, and kindly proffered his professional services!"

In this country our profession will henceforth estimate Sir James Clark, by "writing him down an ass." We trust he may not have a servile imitator among the medical men of the United States, else he will share the same fate with the fraternity.

Medical Mayors.

Dr. R. D. Arnold, of Savannah, Georgia, has been elected mayor of that city. Our confrere, Dr. J. V. C. Smith, of Boston, was only defeated by one vote, in the election to the same office in the literary emporium.

Ophthalmic Medicine and Surgery.

Dr. Elliot, of this city, has commenced his course of lectures on the Anatomy, Physiology and Pathology of the eye. His introductory lecture is to be published by the class; and the next lecture is to be delivered on the 21st instant. We understand that Dr. Elliot has procured, from London, the most powerful microscope which has ever been imported, together with a series of several hundred minute injections of the eye, tunics, tissues, humors, &c. which, with a multitude of magnified drawings, colored from life, are to be used for illustrating his course. We have not heard the extent of his class, but as he exacts no fee he will not lack pupils. Is the Medical Times answered?

The Opium Practice in Puerperal Fever.

The unauthorized and highly criminal experiments to which we have heretofore referred, as in progress in a certain lying-in department, have been repeated, as we learn, although a number of fatal cases have occurred; the patients dying, as we are informed, after lingering for days in profound coma. Certain escapes have been reported as cures, but the deaths are scrupulously concealed, thus propagating the false idea that 250 grains of opium per day, or "five grains every half hour" may be safely given. We have heard of several cases in the city in which this "opium practice" has been tried in very large, but less doses than above mentioned, all of which have proved fatal. We again warn the profession against countenancing this revival of Brunonianism, and Tullyism, for such it is, though out-Heroded, in the late experiments here; of which we are promised a full report, and which, when published, will confirm our worst prognostications of their fatal consequences. Our correspondent promises to show that many of the cases were *not* Peritonitis, no diagnosis having been made out, but on the occurrence of *post partum* pains, the patients are put under the influence of opium and kept thus to incomplete narcotism, without a single pathognomonic symptom of puerperal fever. In such examples we concur in the opinion that the patients die of cerebral congestion—the direct result of the opium,—as dissection would undoubtedly prove. Habitual opium eaters alone can escape such practice, unless, as has been suggested, the drug employed is inert and worthless.

A new Journal of Pharmacy is announced as forthcoming in New-York, by Professor Macready.

To our Correspondents.

"VINEX" misapprehends the character and position of the New-York Academy of Medicine, which, however it may have been perverted, originated from worthy motives, and has only failed in accomplishing its design by reason of the refusal of so many worthy and reputable members of the profession to enrol themselves among its members. There are several professors in our colleges, hospital physicians, and eminent practitioners, who refused to become members of the Academy at its organization; and although a few such have reconsidered the matter since, and united with the majority, there are others who have persisted in their refusal to present themselves as members, while some have withdrawn after becoming such. The published notice, made some years since, that none but members of the Academy were *regular* physicians, was unauthorized, and has never been repeated, as it was simply ludicrous in view of the facts of the case.

As to "consultations with Homœopaths," they are prohibited by the universally received code of ethics, and only endorsed by the Academy. As well might an orthodox clergyman jointly confer on equal terms with a Mormon prophet, in spiritually advising the dying concerning their eternal state; as a physician consult with a Homœopath as to the treatment of a dangerous disease. In the former case it would be a scandalous profanation of sacred things; while in the latter it would be a mockery and farce, beguiling the patient out of his health, while picking his pocket to the extent of the fee.

Whether a surgeon should perform operations on the patients previously dosed with globules, while the Homœopath stands by and looks on, is a question which need not be mooted. Consultations in a medical case, when therapeutics are involved, is the point at issue, and here the Academy is clearly right.

Reply.

A correspondent over the signature of "Cui Bono," very feelingly inquires why we should employ the columns of the Gazette in exposing the tricks, artifices, and devices of quackery in the profession, and out of it? He suggests that if hollow pretension and empty arrogance on the part of certain would-be dignitaries, suffice to surround them with fawning sycophants, who cling like so many parasites to these imbeciles, and follow them like shadows; the knavery of the former, and the self-stultification of the latter should pass unrebuked. And so of every other species of imposture, by which the ignorant and unwary are victimized. He asks, "Why should you incur the barking of Tray, Blanche, and Sweetheart at your heels?" And he adds "I question the *policy* of exposing the mischiefs of the numerous and powerful cliques in our profession, or rebuking the folly of those who are their dupes, for their name is Legion. And as to arousing the resent-

ment of *influential and wealthy* practitioners on public credulity, I ask *Cui Bono?*"

Now, in reply, we would briefly inform our correspondent that, in conducting this Journal, the question is never mooted, what is policy, or what will be popular, but singly and only, *what is right?* For the present we content ourselves with adopting the indignant language of the great satirist,

"Ask you what *provocation* I have had?
The strong antipathy of good to bad!
When truth and science, an affront endures,
The offence is mine, my friend, and should be your's;
Mine, as the foe to every *false pretence*,
Yours, as the friend of truth and common sense."

Monument to Dr. Jenner.

We have heretofore called attention to this subject, and announced the names of the sub-committees which have been appointed to solicit and receive subscriptions from the profession and our citizens generally, for the United States. Since then, Professors C. A. Lee and H. Green, of New-York, have issued a circular, by which it appears that they concur with the Boston committee, in limiting the subscription to *One Dollar* for every individual contributor, while any sum, however small, will be received.

We learn from our friend, Professor Mutter, of the Philadelphia committee, that they have opened a subscription, *without limiting the amount*, and in the hope of thus receiving larger subscriptions.

Highly appreciating the object of thus honoring the memory of the illustrious Jenner, and concurring in the opinion of the original committee in London, that "every man, woman, and child, now living, owes to him, under God, an undeniable debt of obligation and gratitude;" nevertheless, from our knowledge of this generation, we are constrained to doubt whether any considerable contribution towards this object will be raised in America. Witness the universal *costiveness* towards the projected monument, even to the Father of his country!

Tribute of Respect.

Professor Draper delivered an address on the 8th inst. in the University Medical College, on the Life and Character of the late Professor Pattison, before a large audience, chiefly composed of medical men. Full justice was done to the memory of the deceased, and the eloquent eulogist was listened to with evident gratification by all present.

Monograph on Physical Diagnosis.

BY A STUDENT.

(Continued from page 277, vol. 2.)

As this is a difficult subject, I propose now to illustrate these physical signs by presenting them before you as they attend upon individual diseases. And first, of BRONCHITIS. In this disease *percussion* is of little

use, but in its earliest stage the absence of the vesicular murmur may be detected by *auscultation*, even although the blowing or bronchial sound is augmented. The dry and moist rhonci are occasionally heard in its progress. Here the rational signs must be regarded. At first no expectoration, and afterwards thin and transparent, until convalescence commences, when more opaque and of more consistence. The cough at first loud and hoarse, becomes loose and more frequent when the expectoration begins. In pneumonia or pleurisy, there is a short dry cough, while in incipient phthisis we have a faint and rare cough. In some forms of chronic bronchitis, we have nearly every variety of sounds.

PNEUMONIA has three stages in which the physical signs are important. 1st. The infiltration of the pulmonary tissues with blood and serum. 2d. Hepatization, owing to the deposit of lymph within the tissue. 3rd. The gray softening, purulent infiltration, or yellow hepatization.

It is only useful in the second and third stages to use percussion, for not until hepatization does the resonance of the chest alter. A dull flat sound is then yielded, proportioned to its extent and position. But auscultation is useful in every stage. At first we have a crepitant rale, and a rude bronchial respiration. In the second stage this crepitus nearly or quite ceases, except after coughing. The bronchial respiration is very loud, especially at the root of the lungs, and bronchophony is here present, hence Pneumonia is the type of both for study. In the third stage we have a loose sub-crepitus or mucous rale, instead of the loud bronchial. As in many cases, a favorable termination results from the treatment of the second stage, the signs of the third do not occur, but convalescence is announced by a crepitant rhoncus resulting from the passage of the air again through the hepatized tissue.

TUBERCULOUS PHTHISIS. In the first stage of this disease, while there are yet but a few scattered tubercles, whatever may be pretended, all practical men are aware that it is impossible to detect their existence by physical exploration, and we must depend solely on the rational signs. They are generally most numerous as the disease becomes developed, as well as larger about the summit of the lungs, and hence their existence may now be ascertained by the dull sound on percussion above, upon, and below the clavicle, always remembering that the summit of the left is a little more sonorous in health than the right.

At first a slight increase of the *blowing* sound is discerned both in expiration and inspiration. It is heard earlier on the right than the left, even when both are equally suffering, but if greater on the left, the evidence is strong. The same remark applies to the resonance of the voice.

Tubercles are most easily detected by auscultation on the posterior wall of the chest, and alterations of respiration and the voice should be sought here. But

percussion in the early stages of phthisis is best performed anteriorly, as the lungs are nearer the surface.

After the tubercles have collected in masses about the bronchial tubes, as in the second stage of phthisis, the physical signs become conclusive. Percussion near the clavicles gives a dull sound. Auscultation gives the blowing sound while the vesicular ceases. Bronchophony is also present, but not so loud as in pneumonia. An increased sound of the heart is heard when the tubercles have formed between that viscus and the wall of the thorax. If the right lung be much diseased the sound of the heart will be heard louder on the right side; and if the left, then as loud at the apex as at the precordial region.

In the third stage, when the tubercles are softening, and abscesses become cavities, we have first the cavernous respiration until the cavities are as large as an egg, if they become larger the amphoric will occur, as when a whole lobe is destroyed. In such cases pectoriloquy is heard. In this stage it is that the subcrepitus rale becomes distinct, as also the mucous and gurgling rhonchi.

The conformation of the chest is an important means of diagnosis in phthisis. In early periods the elevation and protrusion of the shoulders, the contraction of the anterior surface of the chest by emaciation of the pectoral muscles should not be overlooked. But this emaciation and contraction is often greater by the adhesions between the two surfaces of the pleura, near the tuberculous deposits, and hence the post clavicular depressions are to be percussed.

If there were no other argument for acquiring a knowledge of the physical signs, the ability to detect latent phthisis thereby would be ample, especially in children and young persons. So also in the various complications of tuberculous affections these signs are invaluable. But they are alike useful in enabling us to ascertain the non-existence of phthisis when it is apprehended, and thus relieving the patient and friends from intense mental suffering. So also we may ascertain the second or third stage of phthisis to be present, and to interpose judiciously in preventing patients undertaking long journeys from home in hope of restoration, when speedy and certain death awaits them. If we rely on the rational signs alone, our prognosis will be inaccurate. Neither would I advise in any case exclusive reliance on either class, rational or physical, for both are necessary and important.

PLEURISY. This disease of the serous tissues is so generally accompanied by effusion, that the advantages of physical explanation are incalculable in discriminating its precise nature and extent, of which the rational signs furnish us little aid. The dilatation of the thorax though not perceptible in the earliest stage of pleurisy, soon becomes so, in proportion to the extent of the effusion. At first the intercostal spaces at the lower part of the chest are dilated, and the angles of the ribs here elevated. In the axilla and anterior part of

the chest, as the effusion progresses, the intercostal spaces protrude, and mensuration of the affected side will show an increase in the semi-circumference of from one to three inches, and the heart is often displaced and found beneath the sternum when large effusion occurs on the left side. The dilatation of the thorax, if pain be present is the best diagnostic we have of pleurisy.

Percussion is of great value here, enabling us to discover, by the dull sound, the earliest occurrence of effusion. It must be made first in the erect posture on the inferior part of the chest, and if then used anteriorly and posteriorly the dull sound will be evident. Should there still be doubt, let the patient be laid upon his face, and the sonorous result of percussion on the back, where it was previously dull, will show that the fluid by its gravity occupies the depending portion of the thoracic cavity.

By auscultation we discover the feebleness of the vesicular murmur by reason of short inspirations, and when the effusion is great the respiratory sounds become almost inaudible, except the bronchial, and when this is strong it is complicated with pneumonia.

To be continued.

New-York Academy of Medicine.

At the last meeting, the election of officers for the present year took place. There were twelve gentlemen who had the distinguished honor of a nomination for the office of President, which places them on the road to eminence, even if they lack votes. The Academy, by a decisive majority, chose the venerable Dr. THOMAS COCK to be their presiding officer, a gentleman who has long been an honor and an ornament to his profession, and is worthy of its highest honors. The election of a man of so pure character and dignified deportment in all the relations of life, will be hailed by the best friends of the Academy as an omen for good.

Microscopy.

This subject is deservedly attracting the increased attention of the profession every where. Superior instruments have recently been imported in large numbers, and they are in the hands of gentlemen who are acquiring very great facility in their use, and in their application to pathological and practical inquiries. Drs. Sabine and Dewees, of this city, are forming a Microscopical Society for purposes of mutual improvement in the science and art of minute investigation into healthy and morbid structure as well as function, in human and comparative anatomy, which will be to them and their associates a source of incalculable interest and professional knowledge.

We perceive that Professor Dalton, of the Buffalo Medical College, has been encouraged to form classes for instruction and demonstration in this department, so that the profession in that city have the opportunity of profiting by practical lessons in Microscopy from that able and gifted teacher.

Webster's Dictionary in India.

It is interesting to notice how the labors of men in every department of literature and science, are made, in the providence of God, to subserve the cause of missions. As an example, the labors of Noah Webster, though designed primarily for those speaking the English language, are likely to prove of signal service in respect to unnumbered millions using widely different tongues. Mr. Spaulding, one of the oldest missionaries of the Board in Ceylon, after using his "Dictionary, unabridged," for about a year, pronounces it "in every respect more complete than any work, and even all other works of the kind, in the English language." The manner in using it, which has led to the above conclusion, he describes as follows: "From the day of its arrival, four, six, or ten pages each day, for four days each week, passed under my eye, and every word which was thought to be such as would be useful to missionaries, to civilians, or to Tamil youth studying the English language, with its various shades of meaning, was defined by Tamil synonyms, or idiomatic phrases." In this way he has prepared the second edition of the English and Tamil Lexicon, a volume of nine hundred octavo pages.

Thus the labors of Dr. Webster are made available for a race amounting to twelve millions of souls. As through the liberality of the publishers, all the missions of the principal Boards of the United States have been furnished with copies of the Dictionary, it may be presumed that this is only the commencement of the beneficial influence of this great work, which may be used as the means of preparing other dictionaries, for the instruction of other millions, in almost every part of the heathen world.

Journal of Missions.

Law Inadequate to Protect Medicine.

Mr. Editor: I had hoped that the "long-veiled Bermoothes" of Medical Reform had subsided into an even current of professional opinion, and that, sparing you my own trivialities, I might rest henceforth quietly in obscurity, and watch the development of the great work under other and better auspices. But the letter of Dr. Corson, and several other private epistles received by myself from legal friends, warn me that I must trespass on your kindness but this once more, to "define my position." I have asserted that legal interference neither could or would benefit us; and I repeat it. It was only after full consideration that I made this statement. When I am convinced to the contrary, I will retract—and not before. With all due deference to our legal brethren, and to their exalted opinion of their own profession, we must still believe that "the strong arm of the law" is powerless in our behalf. That it *will* not assist us is evident. That it *cannot*, I purpose briefly to show. In the first place, I deny the *right* of legal interference. If there was an admitted standard of medical ability, the right to make that the legal gauge would be apparent. But there is not. Our country abounds in diverse systems

of quackery, each claiming to be the true and only practice, and each possessing powerful support. If one of these is right, all the rest must be wrong; and also the regular educated practice of medicine. But who shall decide? Who shall dare appoint examining committees, (which must be composed of men agreeing in opinion,) and permit them to decide upon the persons legally qualified to practice? It would be the height of injustice to say to any class of men: You may practice; others shall *not*; either because those others are uneducated, or because they are rascals, and deceive the community. Even were such a law passed, it could never be enforced. The people would rise in arms against it:—

"For sure the pleasure is as great

"In being cheated as to cheat."

They would resist it as an encroachment upon their undoubted right to be befooled and behumbled as much as they pleased. Even those who had no opinion on the subject would sympathize with the "persecuted," and the law would be repealed. One of my legal correspondents intimates that either an educated public or legal restraint is necessary, and says the former is impossible. I deny the proposition; but for argument granting it; if legal restraint were imposed, would not the public take vast offence at thus being practically informed that they were incapable of judging for themselves? Put the case to ourselves. Suppose some *quackery* were established by law; who of us would dream of submitting, and who would ever be compelled to? Each miserable blood-thirsty quack pretends to believe *his* statement, and who can say that he does not? Such legal interference would, and does answer in monarchical governments, but cannot here. The cure is in the people themselves. It is *our* business to show them the contrast between educated practice and quackery; and theirs to make the choice. We are told that our associations will take the character of "cliques," and that many "regulars," unable from their ignorance, to enter our number, will oppose us. Bah! We are now morally too formidable to fear them. By remaining outside, they show that they are "not of us; that they are quacks (*i. e.* ignorant pretenders,) and being open enemies, down they must go with the rest of the quacks. Away with all this puling folly about legal assistance. We waited for it long, and they spurned us. Now that we need no legal assistance, they come with munificent offers of aid, and ensure us, forsooth, that "our system will do excellently well as a foundation to build"—their legal edifice on. But "*Timeo Danaos et dona ferentes.*" Many warm friends have I in that profession, and none are more sincere than those whose letters have moved this reply, but the friendship is entirely extra-professional. Legislation is indispensable for a *country*, but needless for our protection. Let us be true to ourselves, and graduate yearly only the proper number of qualified men, and quackery, *outside* the profession, will die of marasmus.

Ezek, Pa. Dec. 1851.

N. J. Medical Reporter.

Dr. Stephenson's Introductory.

The following extract from this lecture will serve to call attention to the course which Dr. Stephenson has commenced, as announced in his advertisement. [See p. 1 of this Number.]

I have selected for my subject that cherished object of my regard, the human eye. And what other organ is there in the whole mechanism of man so truly deserving of our attention, or that more completely challenges our admiration.

If each muscular fibre in man, beast, bird, and fish, proclaim the existence of a great First Cause, how overwhelming is the evidence when we examine that curious and wonderful organ, the human eye. Surely in no other structure do we discover more of the wisdom, power, and benevolence of the Supreme Being.

Look at its complicated mechanism, the rapidity of its movements, its wonderful powers in the phenomena of vision, its numerous diseases, with their pathological appearances, and it is, I had like to have said, a world of study of itself. By the aid of this delicate and beautiful organ we are enabled to take cognizance of the whole material universe. We behold its verdant lawns, its variegated foliage, its lovely plains, its towering mountains, its meandering streams, and its placid lakes.

Deprived of the organ of vision, and this beautiful landscape, so lovely to the sight, with all that is pleasing and delightful in life, becomes a perfect blank. The prince of English poets, (who doubtless was an amaurotic,) in reference to himself, thus pours forth his lamentations:

"These eyes, though clear
To outward view, of blemish or of spot,
Bereft of light their seeing have forgot;
Nor to their idle orbs doth sight appear
Of sun, or moon, or star, throughout the year!"

The eye is not only the most useful, but it is also the most beautiful and expressive of all the organs of sense. Its brilliancy lights up "the human face divine," and renders it unexpressably sweet. What language so winning, so subduing, and so captivating as a laughing intelligent eye. But there is another aspect in which we must now view the eye—I refer to its diseases. From its diversity of structure and extreme delicacy, it is subject to a greater variety of diseases than almost any other organ in the body, and for this reason it is pre-eminently interesting to the physician. When we consider the various textures composing the eye, we are not surprised at the diversity of diseases to which it is exposed. For it must be borne in mind, that in the eye, or its appendages, we have nearly every tissue that can be found in any other part of the body. We have its cellular, muscular, mucus, serous, vascular, nervous, glandular, secretory, cartilaginous, ligamentous, and epidermoid systems, in the greatest degree of perfection.

There are no diseases to which flesh is heir more important than those affecting the eye; and none which require a more careful diagnosis, or a more prompt decisive course of treatment. An error here is the more to be deplored because it is usually an irretrievable one.

Maltreatment in a case of Corneitis, or Iritis, or of Purulent or Gonorrhoeal ophthalmia, if continued but for a few hours, may result in ulceration, rupture, or opacity of the cornea; in Prolapsus Iridis, Synechia, or in a closure of the pupil; in Staphyloma, or sloughing of the tunics of the eye.

Hints to the People.

Dr. W. M. Wood, Surgeon of the U. S. Navy, is the author of a popular treatise under this title, which is published, in a neat form adapted to general circulation, by G. H. Derby & Co.

We make room for the following extract, and hope it may serve to create interest in the work, and promote its sale and distribution:—

"That so terrible an evil as that which results from the existing popular notions of the art of healing, should permanently continue in an enlightened community or age is impossible. The dawn of a better day is seen in the fact that the Executive of the state of New-York has made special mention of the subject of medical education. The following is taken from a message of the late governor of New-York: 'No subject more universally affects all classes, and all members of the community, than that of the public health. I therefore earnestly request your attention to the existing laws on the subject, and suggest their careful review and amendment, especially with a view to secure the benefit of the combined experience of scientific and learned men throughout the state, with respect to the origin, the causes, the progress and the treatment of all malignant or infectious diseases. It may also be well to consider whether the time has not arrived when the state is called upon to contribute its aid, more efficiently than it has hitherto done, to advance the cause of medical education. Every inhabitant of the state, at some time or other, feels the need of the physician, and is interested that he should be learned and skilful.'

"Learned and skilful,' yes! these are the requisites, but how are they to be attained? There are medical schools in the north, the south, the east, and the west, and every year sees these schools sending forth crowds of young men certified as being qualified, 'learned and skilful' in the art of healing, and this after a term of study too short to acquire thoroughly any one of the sciences, which, in the aggregate, make up the profession of medicine. Almost every country neighborhood sees some young man too sickly, too lazy, or perhaps too stupid to learn a mechanical pursuit, go off to study medicine, provided that, for two or three winters he, or his friends, can raise a few hundred dollars; and

at the end of this time he comes back a qualified doctor, with a diploma in his pocket. Every one knows that he was entirely deficient in that preliminary education which is the key to professional knowledge. The people soon learn to feel as much respect for the spontaneous quack of the neighborhood, as for him of college growth, or perhaps the natural shrewdness and intelligence of the former give him an advantage. Of course so long as the granting of diplomas is a mere trade, and medical schools are but shops for their sale, the multiplicity of these shops beget a competition which lowers the terms and standard so as to attract the greater number of customers; and those who should be the guardians of the profession of medicine, send forth such representatives of it, as lead to the erroneous popular opinions of the nature of the science itself.

"No one may here oppose the popular objection that we would limit the facility for acquiring a knowledge of the profession of medicine to the few whose wealth would enable them to attend expensive schools remote from their homes. Just the reverse; we would make the domain of medicine a true republic, and only ask of its members if they have the requisite knowledge; not, where they got it;—whether amid halls, laboratories, and libraries of large cities, or through the inspiration of genius, by the light of a pine torch in a forest cabin. Let every village have its medical school, if it may be thought expedient. Indeed it is a question whether, if medical education, or a knowledge of the principles of medicine, were a part of general education, there would not be greater confidence in the profession, and more respect awarded to those who pursue it? An illiterate person might apply to a quacking juggler, or to any one less illiterate than himself, for information upon some abstruse point of chemistry, geology, mineralogy, or astronomy; but all having only the ordinary school knowledge of these sciences, would know that only those eminent for their learning would be likely to give the required information. The same thing is seen when regularly instructed members of the profession apply for information to those of the profession having greater skill and learning than themselves. Many gentlemen, particularly in the southern states, study medicine for the sake of mental occupation, with no intention of pursuing it as a business; and many who have been in the profession, abandon it for other pursuits; yet these gentlemen, who are informed upon the nature of the profession, seek the best attainable medical advice for the relief of the ailments of themselves or their families. These facts lead very strongly to the inference that popular medical education would be fatal to the existence of quackery, and would leave the practice of medicine in the hands of those having the best natural and acquired gifts for its pursuits; and those so gifted would occupy a high and honored place in the confidence of an intelligent constituency.

"Whilst, then, we make no objection to the multiplication of schools and teachers of medicine, we doubt very much the expediency and propriety of these

schools and teachers having the interested power to grant diplomas—to certify to the merits of their own numerous offspring; and while this system endures the public is justified in its contempt for diplomas. It is suggested that a better mode would be to compose an examining board in each state, in which all the schools might be represented, and thus examine each other's pupils, or all candidates presenting themselves; the faculty of the state might also be represented, and even the people, through their executive, or a committee of their legislature.

"If some such system as this were adopted, the results would show what teachers and schools were worthy of most confidence; the despotism of institutions which have grown powerful from adventitious circumstances would be broken down, and the people, having a part in the process of conferring medical degrees, would be more ready to oppose quackery by legislation."

Communications.

[We give place to the following article, but are unable to vouch for its entire accuracy, as we were not present. If the Academy would employ their meetings in accordance with the provisions of their Constitution, and not transform themselves into officers of medical police, they would not, as now, repel from their meetings so many of the oldest and best members of the profession, who think their time can be better employed. We honor their judgment when such resolutions as those recently entertained are discussed, for they are characterized by bad English and worse sense, and the spirit which prompts them is destructive to the harmony and usefulness of the body.]

At the meeting of the Academy of Medicine on the 3d December, the resolution offered by Dr. Bachelder, at the last meeting, concerning the New-York Medical College, for conferring upon S. M. Elliott the degree of M. D. and administering also a rebuke to those Fellows of the Academy who were the censors upon the examination for such degree, and admonishing them to be more careful in future, how they lent themselves as instruments for the admission of unworthy members into the profession, &c. was called up by Dr. Horace Green, President of the New-York Medical College; who, in rising to the resolution, remarked that, previous to the consideration of this question, he must express his surprise at the manner in which the resolution had been brought before the Academy. Understanding that it was the intention to introduce some resolution of this character at the last meeting of the Academy, he had attended and remained until the other resolutions, to which this was originally appended by the movers, were read and discussed, and until a large number of the members had retired, himself among the rest; when, no sooner had he left the room, and no other representative of that College was found to be present, than this odious resolution was introduced, and an

attempt made to pass it through the Academy. But of the manner of which this was attempted, and of the spirit manifested, Dr. Green had nothing further to say, but with regard to the subject contained in this resolution, he wished to submit a statement of facts.

Dr. Samuel M. Elliott was, at the time of his first connection with the New-York Medical College, unknown to the faculty, with perhaps one or two exceptions. He presented himself as one of the students of the College, took the tickets of the professors, and complied with all the requisitions of their charter. At the close of the term he presented himself for examination, having in his possession certificates of recommendation of the highest order, from medical gentlemen of as exalted standing as any in our community. That when he presented himself for examination he was received by the faculty—not as “Dr. Elliott, the Oculist,” but as Samuel M. Elliott, a Student of the New-York Medical College. As such he came before each individual professor, and passed through a most thorough, and a most excellent examination. Having done this, he, with the other students preparing to graduate, were brought before the Censors of the College; men, who every member of the Academy well knew were antagonistic, placed there by the legislature to superintend the examination, and see that no unworthy member was passed into the profession. Here he went through another thorough, and, to them, perfectly satisfactory examination, in confirmation of which statement Dr. Green would refer to these Censors themselves. Drs. F. U. Johnston, William Powers, and W. H. Dudley, two of them members of this Academy, were not men to attest, under their hands, to a certificate in the terms contained in the one which he would take the liberty of reading to the members, if the facts therein set forth were untrue. Here Dr. Green read the statement of these gentlemen, made to the Trustees of the College, testifying to the very satisfactory manner in which the candidates for the degree of Doctor of Medicine, (of which number S. M. Elliott was one,) had passed through their several examinations. Having passed this ordeal, he, with the other students, was recommended by the Censors to the Trustees of the New-York Medical College for the degree of M. D.

To the Trustees of that Institution, and not to the faculty, said Dr. Green, belongs the power of conferring this degree; and by them, through their President, the degrees were conferred. And surely these Trustees, among whom are George Wood, Judge Sandford, Judge Ingraham, Judge Edwards, and twenty-six other gentlemen, of the highest and most respectable members of our community, are men who would scorn, by any act of theirs, to bring dishonor upon the medical profession! And now, Dr. Green would appeal to the magnanimity of the Academy—aside from all other feelings—to say what, under the circumstances of the case, the faculty of the New-York Medical College could have done differently from what they did, and

whether there was anything in the course pursued by the college, in this matter, that called for the resolution before them, or that merited the unseemly and pointed attack upon this Institution, that its enemies in moving the resolution had made?

Dr. James Anderson regretted that this matter had been brought before the Academy; it was not a proper subject for their consideration—they were meddling with that which was not their business. They were not sitting, as a Grand Jury, to hear complaints preferred against individuals or Institutions. If they were, the whole term of the Academy might be occupied with such matters.

Much dissatisfaction seemed to be felt by members that this resolution should be entertained by the Academy, and several requested its withdrawal.

Dr. Bachelder reiterated his charges against the New-York Medical College, and spoke particularly and vehemently against Dr. Elliott. He would like to ask how many lectures Dr. Elliott had attended, with whom he had studied? &c. He considered the conferring of the degree of M. D. upon him every way objectionable to the profession. He condemned also the course pursued by the other medical schools in the city in graduating quacks. He had long known of many such instances. Students had entered these schools as homœopaths, had gone through with their studies and been graduated as such, when it was well known they meant to practice homœopathy. Others, again, had entered, well known as in the practice of quackery when they commenced, and had received the degree of M. D. though they continued to practise quackery openly.

In reply to the several queries propounded by Dr. Bachelder, Dr. Green said he would answer by asking the gentleman one question. If Dr. Bachelder had long known of this obliquity of conduct in the acts of these other schools, why he had singled out the New-York Medical College as the one on which to attempt to bring the odium of the profession, by proposing to pass such a resolution?

Several members again proposed that the resolution be withdrawn, and it was accordingly withdrawn unanimously.

An effort was then made to expunge from the minutes all mention of the subject of Dr. Bachelder's resolution; but the subject was left, and appears on the minutes of the Academy, in the order in which it was brought forward, a singular instance of an unmanly method of attack on the part of individuals, and a warning to the Academy how it lends itself to subjects foreign to its sphere, or permits the recurrence of similar acts on the part of its members. T. V. L.

Case of Hernia.

The following case may be interesting from the unusual situation of the hernia:

Mr. H——, of Casco, Maine, was seized on Friday morning, Nov. 7, 1851, with severe spasmodia

pains in the abdomen, principally confined to the left inguinal region, and the usual symptom of strangulated intestine. On Saturday morning I saw him in consultation with his attending physician, Dr. Eastman. The patient was a very fit man. There was a tumor extending from the pubes in the direction of the inguinal canal, as far as the ribs. The tumor was most prominent just above the situation of the internal ring. Below the internal ring there was evidently no descent of any of the abdominal contents. Owing to the obesity of the patient, and the great hardness and tenderness of the general swelling, we could not satisfy ourselves as to the strangulation of a portion of bowel in the internal ring, or whether there was an obstruction of the bowels in the abdominal cavity.

I proposed cutting down to the tumor, but as from the uncertainty of the diagnosis I could not promise that the operation would be successful, it was not performed, and the patient rapidly sank and died on Sunday at 10 o'clock, A. M. Autopsy.—The fat over the tumor was an inch and a half in thickness. *Underneath the external oblique muscle, and in the direction of a line drawn from the pubis across the internal ring, there was a sac, closely adherent to the surrounding part, extending from the upper border of the internal ring five inches in length. It was filled with a mass of strangulated intestine and omentum, in a gangrenous state. This man wore a truss. For many years he had been subject to attacks of colic, which were always relieved by an opiate, followed by croton oil; and during these attacks there was always swelling above the truss.*

Otisfield, Me. Nov. 13, 1851.

J. M. BLAKE, M. D.

Successful Treatment of Hydrocephalus by Purgation with Jalap.

P——, a male infant, aged eighteen months, convalescent, but still under treatment for pneumonia; he had been leeches and blistered upon the chest, and taken small doses of calomel and ipecacuanha at regular intervals. On the 19th of November he commenced to vomit, and his mother drew my attention to his "throwing his head about," and expressed her opinion that "the disease had gone to his head." I ordered a blister to be applied behind each ear, ice to the head, revulsives to the feet, &c. and also directed a tea-spoonful of the following mixture, to be given every three hours, until it purged freely:

R Pulv. Jalapœ, gr. xxij.
Potassœ Hydriod, gr. xij.
Syr. Simplex, ʒij.
Aqua. q. s. Mist, ʒj.

November 20.—The usual symptoms of hydrocephalus fully developed; one side of the body partially paralysed, with continual automatic movements of one hand, the case presenting so hopeless an aspect, I had some difficulty in prevailing upon the mother to continue the treatment. The medicine having purged very

freely, I directed it to be given at longer intervals. Vesication had been produced, but the surface dried up immediately, in spite of the dressings of the ung. resinet, ung. hydr. fort.

Nov. 22.—Applied a blister to the vertex containing the purgative.

23d.—The pupils contracted upon exposure to a strong light.

24th.—Convalescent; and from this time he progressed rapidly to a perfect restoration to health. His food, during his illness, consisted of arrow-root and his mother's breast.

The second case is that of a little boy, aged four years; I saw him for the first time on the morning of the 1st of December; his mother sent for me in a hurry, stating he had a fit; I found he had been sick over a week. Under the direction of his mother, he had taken one dose of calomel and jalap, several doses of castor oil, and some magnesia. I had previously treated one of her children for remittent fever, and she had, as well as she was able, treated this little fellow after the same manner. On visiting my patient I found unequivocal signs of hydrocephalus, the pupils oscillated, but gave not the least indication of being influenced by the strongest light. He vomited frequently, his feet were cold, and having been sick over a week, he was very much emaciated. I ordered him the following mixture.

R Pulv. Jalapœ, ʒij.
Potass. Hydriod. ʒj.
Syrupi, ʒiv.
Aqua. q. s. ut ft. Mist, ʒij.

To give a tea-spoonful every two hours until it purged freely, blisters behind the ears, subsequently upon the legs; to abridge the case as much as possible, the blisters vesicated, but immediately dried up; the medicines purged so freely that his mother declared he was purging all the time; the evacuations were entirely watery, with the exception of a small quantity of green matter, all of which, of course, passed away in bed.

On the 4th, blistered the vertex, dressing it with the ung. resin hydrarg; from this blister I had a good secreting surface; the medicine was continued at longer or shorter intervals, without any sensible improvement, till the 6th, when the pupils evidently contracted upon exposure to a strong light. On the 7th, on making my visit, his mother assured me he could see, and that he recognized her; from this time, with very slight interruption, he rapidly regained his ordinary health. Whilst under treatment his nutriment consisted of strong beef-tea, thickened with rice, given ad libitum. As soon as the brain was relieved from the pressure upon it, he became most ravenous for food, calling for it continually, (he reminded me of the description the ship-wrecked Byron gives of himself and crew, when after a long privation they came in possession of food;) he was now allowed wine whey, and

I believe he obtained more solids than I thought prudent, for his mother said she could not live in the house with him if she did not feed him.

I have purposely curtailed these two cases, so as to infringe as little upon your space as possible. I will remark, that I ascribe the recovery of my two patients entirely to the purgation; I believe the hydriodate to have been of no special benefit; the bi-tart of potash would have done equally well; for some time I determined to treat hydrocephalus by purgation.

After effusion had taken place, under the mercurial or the hydriodate of potash treatment, I have invariably failed of curing my patient. The purgative that I expected to benefit my patient must be one that would produce serous passages; for that purpose I selected jalap, and at the same time availed myself of the usual revulsives, whilst supporting my patient's strength with strong animal broths. For the theory of the treatment I will refer the reader to the abstract of a paper upon Dropsy, by Dr. O'Beirnes, in Braithwaite, No. 6, 1842.

THOMAS B. GRIFFIN, M. D.

New-York, December, 26, 1851.

New Publications.

A PRACTICAL TREATISE ON DISEASES OF THE KIDNEY AND GENERATIVE ORGANS. By William Acton. New-York, J. S. Redfield, 1852.

A new edition of this deservedly popular work, with improvements, additional illustrations, and colored plates, would of itself awaken an anxiety among the profession to examine its contents. The present copy is reprinted from the second London edition, and will be found to be essentially a new work, so numerous and extensive are the additions. It comprises non-specific as well as specific diseases, and next to the more expensive work of Ricord, this compend by his pupil deserves patronage, and will well repay perusal.

HARPER'S MONTHLY MAGAZINE.

INTERNATIONAL MAGAZINE.

These rival publications have both excelled their former selves, in the January number, respectively. The competition has doubtless greatly improved the tone and character of these monthlies, and contributed to swell the tide of popularity upon which they have both ridden into public favor to an unparalleled extent. They are now more generally read among all classes of the American community, than perhaps any other issues from the press. Their moral tendencies are designed to be unexceptionable, which is all-important in these degenerate days.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

The fourth volume has been received, comprising the whole of the proceedings at the late Annual Convention, at Charleston, in May, 1851. It possesses strong claims upon the profession, and the series of

which this is the fourth volume, are worthy of a place in every medical library. We are surprised to learn that so large a proportion remain unsold and in the hands of the committee.

ANALYTICAL COMPENDIUM OF MEDICAL SCIENCE. Philadelphia, Blanchard & Lea, 1852.

This is a second edition of this work, which contains a series of hand-books on each of the several departments taught in the schools, and designed for the use and examination of students. Though elementary in its teachings, and of necessity imperfect because superficial, yet it is probably the best book of its class, and will be useful to the grinder as well as the grinder. The authors are Drs. Neill and Smith, both of whom are highly reputable as teachers and practitioners.

PEREIRA'S MATERIA MEDICA AND THERAPEUTICS. Blanchard & Lea, Philadelphia, 1852.

The first volume of the third edition of this standard work has just appeared, very greatly improved by the author, and by the American editor, Professor Carson. It is the most elaborate and complete work in this department which has ever appeared, and must hold its place as a standard text book. The issue of the 2nd volume will be looked for with interest.

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TO THE MEDICAL PROFESSION.

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It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

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From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

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Vol. III.

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No. 3.

CONTENTS.

Medical Society of London, ...	33
New-York Journal of Medicine—New-York Journal of Pharmacy, ...	34
Miscellaneous Items, ...	34
Letter-writing from New-York, ...	34
Obituary—the late Dr. A. Sidney Doane, Health-Officer of the port of New-York, ...	35

Cases of Injury of the Organs of Vision by Explosion of Gunpowder, ...	36
by W. C. Wallace, M. D.	37
Questions on Anatomy, (continued)—Bones of the Head, ...	37
Sulphate of Quinia—Its Use and Abuse, by R. L. Madison, M. D.	38
Petersburg, Va.	38
Prevalence of Quackery in America, by James H. Stuart, A. M., M. D.	40

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THE SPRING COURSE OF LECTURES for 1852 will be commenced on Monday, March 8, 1852, at 5 o'clock, P. M. Degrees will be conferred about the 10th of July, 1852.

PRESIDENT.

HON. J. R. BURDEN, M. D.

FACULTY.

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RUSH VAN DYKE, M. D. Mat-ria Medica and Therapeutics.
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Matriculation Fee, paid once only, \$5. Full Course, \$84. For those who have attended two Courses in other Colleges, \$45. Perpetual Ticket, \$150. Dissecting Ticket, \$10. The fee will be received by the Dean, who will issue a certificate entitling the student to the various tickets. Full Course candidates for graduation will be furnished with the ticket for the Pennsylvania Hospital without charge.

The Winter Sessions for 1852 and 1853 will commence on the 11th October, 1852.

For further information, inquire of

JAMES N'CLINTOCK, M. D. Dean,

Philadelphia, Jan. 5, 1851.

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REMEDY FOR TAPE WORM.**

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The attention of Physicians, Pharmacutists, and venders of Medicine, throughout the United States, is particularly called to the above named invaluable article,

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A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,

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It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

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It speedily promotes the formation of pus, and (superseding the use of Poultries, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

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The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.]

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ELIXIR OF OPIUM,

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It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and antispasmodic powers of Opium,

To produce sleep and composure;
To relieve pain and irritation, nervous excitement and morbid irritability of body and mind.

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No sickness of the stomach, no vomiting, no headache,
Nor any derangement of the constitution or general health.
Hence its high superiority over Laudnum, Paregoric, Black Drop, Do-narctozed Laudnum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in natural combination, and in its being its only representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so Opiumplant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as hereinafter, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUN'S ELIXIR OF OPIUM, or any fact with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been so long accustomed to it, that I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUN, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 3.

FEBRUARY 1, 1852.

\$1 PER ANNUM.

Subscriptions, Advertisements, Books for Review, and all Communications, may be addressed to the Editor, No. 775 Broadway, free of charge.

Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *three dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

The third volume having commenced with the last number, for which the demand has already nearly exhausted the entire edition, we can hereafter give no assurance of supplying new subscribers, antecedent to the date when their names are received and placed on the mail-book.

Our thanks are due to the large majority of our patrons for the prompt payment of their subscriptions, and in view of the low price of the paper, we trust that delinquents will remit the amount due forthwith. *Advance payment* is indispensable, else discontinuance is unavoidable, and ought not to be complained of.

The rapid increase of our subscription list affords gratifying evidence of the sense of the profession, that there is pressing need of an independent journal, to protect the great body of medical men from the clandestine injustice which cliques and party journals are ever inflicting, by combinations of exclusives for purposes of self-aggrandizement and the disparagement of their brethren, who, if not their superiors, are at all events their equals. We appreciate the kindly and cordial greetings which are daily reaching us from so many sources, encouraging us by assurances of systematic exertions to increase the circulation of the Gazette by *sending us new subscribers*. This is the kind of patronage we need, to enable us, by reaching a multitude of minds in the profession all over the country, to give the needed impulse for a concert of action so extensive and powerful as to crush the cliqueism which is every where the destruction of that *esprit du corps* which can alone exalt the fraternity any where to their true position. Let the great body of medical men in every neighborhood rally in solid phalanx against every clique or secret society, and combine *se defendendo*, for the common defence against these conspiracies of the minority against their equals; and the *methode numerique* will be found omnipotent.

This journal will fearlessly, as heretofore, espouse the cause of the profession against conspirators who endanger the common weal of the fraternity, under

whatever specious device of cliqueism they may conceal their sinister and unworthy, because selfish purposes. The exposure of all such will be made, without fear or favor, whenever the facts are furnished; and like kindred vice in other departments,

*This is a monster of such hideous mien,
That to be hated, needs but to be seen.*

Medical Society of London.

Dr. Murphy, the chairman, then expressed his opinion respecting homœopathy, and classed the professed homœopaths, mesmerists, and hydropathists, with the professed charlatan, who sells his cures under a thousand different disguises. With such men homœopathy becomes a form of quackery, the more dangerous because it assumes the garb of a science. The secret remedy vendor is far more harmless; the public, if they trust in him, do it with their eyes open; but the charlatan who entangles them in the intricacies of a pseudo-science, who bewilders them in the subtleties of the absurd dogma, "*similia similibus, curantur*," and presents to them his infinitesimal dose as the ultimate result of his scientific inquiries, is calculated to do a much greater evil, just in proportion as the scientific garb he assumes is calculated to deceive even the judicious and the reflecting. (Cheers.) Still he (Dr. Murphy) felt that such a stigma should not be affixed to a professional brother without just cause, as it would lead to an abuse as great as homœopathy itself. There may be some honest men in the profession anxious to obtain some valuable grains of wheat from the mass of chaff, and who, therefore, may order smaller doses than hitherto, and consequently may look like homœopaths. Great caution should be used in classing these with the others, as, so far from aiding in the suppression of homœopathy, he feared it would give it unexpected support, by the dogged resistance to an act of injustice, and its effects on the human mind. He would say for such men, who have been educated as ourselves, and who, through life, have observed the same honorable course, that it is neither just nor prudent to hold them up to public reprobation merely because they happen to order an unusually small dose of medicine. Stronger and more decided evidence of homœopathic dementia should be first obtained, such an open acknowledgment of the principles of homœopathy as the foundation of their practice, and an admission that they are con-

verts to these novel doctrines. Then is the time to act with decision and effect. In saying this, he did not wish to shelter the secret homeopathist, or to say that he should not be called upon to declare his faith, to make his election; but to caution the Society against the abuse that may be made of his honest intentions. Professional character is the only property a professional man has; deprive him of that, and you deprive him of everything. This being the case, the evidence against any of our professional brethren should be of the clearest nature before he is singled out as an object for attack or accusation.

New-York Journal of Medicine.

The New-York Journal of Medicine for January, 1852, is an improvement on any of its predecessors, in the variety and value of its contents. Professor Carnochan's late amputation of the lower jaw, with disarticulation of both condyles, is reported at length, with very superior colored plates; and this is an achievement which will exalt the reputation of the surgeon at home and abroad. Professor Parker's cases of polypus laryngis are ably reported by Dr. Stephen Smith, and illustrated by graphic wood-cuts. A successful case of traumatic tetanus is ably detailed by Dr. Daniel Ayres of Brooklyn. Dr. Trenor has furnished a valuable paper on the professional education of Dentists, which will well repay perusal. The other original articles of the number are also meritorious.

In the review of the late work of Dr. Gross, and other works on kindred subjects, the writer is open to the charge of hypercriticism, though he exhibits very creditable ability. There are a number of Bibliographical notices, too indiscriminate in laudation, as is the fashion of the times. The Number concludes with obituary notices, which of late are sadly frequent.

Miscellaneous Items.

Dr. Dodd of Boston is publishing a Veterinary Journal which promises to be useful. Dr. Blandy of Baltimore is conducting the Dental Times, a monthly Journal, with signal ability. The editor of the Buffalo Medical Journal sharply rebukes Dr. Hooker for his report on Demonstrative Midwifery. The controversy between Dr. Ramsay of Georgia, and Dr. Robertson of South Carolina, seems not to be ended, but we must be excused from re-opening it in our columns. Dr. Reyer, chief physician of the imperial hospital at Vienna, has committed suicide by chloroform. The Fire King seems to be a regular correspondent to the Boston Journal. Professor S. H. Dickson has published a volume of essays on Life, Pain, Sleep, &c. which has claims to special notice, as has everything from his pen. Dr. Carnochan's successful case of amputation of the entire lower jaw, has been issued in pamphlet form, together with the colored plates, as in the New-York Journal.

We see by the papers that Priessnitz, the founder of the modern sect of Hydropathists, is dead. It is announced that he could neither read nor write, which is the fact with more than one of his American disciples.

Dr. Seth Geer has resigned the office of Coroner of the City and County of New-York, and Dr. John Ives has been appointed in his stead, so that this is still, as it ought to be, a medical office. There were eight graduates at the late commencement of the Female Medical College in Philadelphia. Chloroform is commended as a remedy for hiccough.

New-York Journal of Pharmacy.

The first Number of this new monthly, designed for the elevation of Apothecaries, to whose pursuits and interests it is to be devoted, has just appeared. This specimen of the Journal is highly creditable to all concerned, and demonstrates its capacity for usefulness. It is published by a Committee of the College of Pharmacy, who are all able and practical men, and under their "control and direction," it is to be edited by Professor McCready. The terms are Three Dollars per annum, payable in advance. There can scarcely be a doubt that it will be well supported.

Letter-writing from New-York.

[The following extract of a letter, written from this city for publication in the Western Medico Chirurgical Journal of Keokuk, Iowa, is from the pen of the senior editor who sojourned in New-York last autumn, long enough to immortalize certain parties here, some of whom will be amazed to find themselves, with bald and gray heads, placed in the *young* category of men; and their modesty will be shocked at the discovery of their predicted "triumph in the contest for superiority," over such *old fogies* as Mott, Stevens, Francis, Johnson, Berger, Paine, J. M. Smith, Cook, J. Wood, Delafeld, and other such men, who are here designated as "remnants of a past and dark age,"—"old-school-men," whose "claims to eminence rest upon nothing but a change in the color of their hair!" We fancy that we see our neighbors, Drs. Purple, Stone, Isaacs, et id genus omne, looking into each other's faces, and laughing at the ludicrous figure they are here made to cut in their "vigorous and elastic intellectuality,"—"immeasurably in advance" of these old fogies in the "knowledge of the science," &c. maugre all the "solemn nonsense and mock dignity of the old dynasty." To be grave after reading this letter exceeds all power of face.]

There are two classes of medical men in this city. First, the *old* class, who link the past with the present age, and who in public as well as private delight in nothing so much as boasting of their antiquity, and making invidious comparisons between the profession of medicine *now*, and the profession a quarter of a century ago, when its members, knowing nothing of the truly

glorious and useful discoveries of modern times, were *learned and dignified*! These *old gentlemen* are rendered exceedingly unhappy and petulant at the labor they are compelled to perform, to keep within hailing distance of the progress of the medical science. If the captious feeling which this circumstance engenders, were confined to themselves, it would do no evil. But not possessing the vigorous and elastic intellectuality of the younger members of the profession, who are *immeasurably in advance of them in a knowledge of the science*, they labor to compensate for the disparity, by discouraging the achievements of those who are guilty of the monstrous absurdity of being *young*. There are some memorable illustrations of these remarks in the city of New-York: but as it is *fashionable and ethical* to connive at the crimes and abuses in our profession, we will not particularize those in our knowledge who are guilty of them; neither will we use the language of adulation and falsehood in exalting men, whose claims to eminence rest upon nothing but a *change in the color of the hair*. We desire to speak the truth as it is revealed to us, and nothing more or less. In view of the facts above mentioned, it may seem strange to a visiter in New-York, that some of these *remnants of a past and dark age* exercise so much influence over the destiny of the profession. The reason is obvious. The science of medicine, like other sciences, flourishes best where two elements are united in its aid. One industrious genius, and this is the more important: the other is pecuniary patronage, and quite necessary. Whilst the young physicians of our country are bending their vigorous and cultivated minds to the development of scientific truth, the more aged, who not only possess wealth themselves, but sustain those relations to wealth which give them influence and power—use it as their feelings dictate—sometimes for the good of science, but oftener, unfortunately, for the promotion of selfish and mercenary objects. But the march of progress is not superficial or partial: it is profound and thorough, and, in science, is working those changes in favor of *labor* which the old aristocracy of letters claimed for wealth, age, and position. The spirit which impels a man to look down with contempt upon the younger and less fortunate as the *inferior* members of a profession, is rapidly giving place to magnanimous and generous views, and the exercise of those liberal virtues which result from the universal diffusion of intelligence amongst men. The solemn nonsense and mock dignity of the old dynasty is giving way to the frank and charitable urbanity of the representatives of a new order.

In every respect the young physicians of New-York are entitled to our regard and admiration. It is to them that the recent improvement in the medical interest of this city is principally due. It has always appeared strange to me, that with an immense population, and with wealth and prominence in the commerce and affairs of our country, this city has made no greater reputation

as a place of medical learning. On the argument (I should rather say sophism) of our Eastern brethren, based on population, it is entitled to rank before Philadelphia in opportunities for medical improvement; yet the latter city as every one knows, has heretofore had the best medical reputation in America. But through the instrumentality of the younger physicians of this place, a slow, *almost imperceptible*, yet certain change is going on. Being possessed of equal learning, equal zeal and industry, and with more enlarged and liberal feelings towards the rest of the world, they will ultimately triumph in the contest for superiority. Such men as *Van Buren, Metcalf, Stone, Wood, Purple, Isaacs, Carnochan, Green, Davis* and others, men of true science and warm spirits, are now coming upon the stage, and replacing, with all the incidents of modern science, as before remarked, the exclusiveness of the old schoolmen. We wish them success in their noble aims.

Obituary.

It becomes our painful duty to record the death of another victim of ship fever, in the person of A. SIDNEY DOANE, M. D. Health Officer of the Port of New-York; a station which he has occupied during two terms, having been nominated thereto by Governor Seaward, and after an interval of four years, having been again selected by Governor Fish.

Dr. Doane was a medical scholar, and esteemed as an able and accomplished physician. He has translated a number of foreign works, the republication of which was under his editorship, and by which he has gained considerable reputation. He was a man of great energy, industry, and indomitable perseverance in whatever he undertook, while he possessed no ordinary genius and talent, which were the elements of his success. The office he held, which is one of both honor and emolument, was earned by his active and ardent labors as a politician, in which capacity he had few superiors.

During the past year, he sought and obtained the professional charge of the Marine Hospital, in addition to his other labors, and his disease was doubtless contracted by his toilsome duties in the wards recently crowded with newly arrived emigrants, among whom the Typhus fever had broken out on ship-board, prior to their arrival. He has thus fallen a martyr to his profession, and furnished by his death still another admonition in favor of Fever Hospital buildings, with ample rooms, lofty ceilings, and free ventilation, for lack of which, a score of noble medical men have been sacrificed in the public service of this city, within a few years past.

Cases of Injury of the Organs of Vision by Explosion of Gunpowder.

BY W. C. WALLACE, M. D.

CASE 1.—J. G. a laborer, while engaged in blasting rocks on a railroad, approached to ascertain the cause why a charge did not go off, and received the explosion in his face. When I saw the patient, six weeks after the accident, the case presented the following symptoms:

There were extensive cicatrices on the right cheek, eyelids, nose, and forehead, the margins of the eyelids, with the cilia, had been destroyed and the eyelids adhered to each other with the exception of the eighth of an inch at the inner canthus. The eyelids, cornea, iris and lens of the left eye were studded with numerous grains of gunpowder, but the margins were free. The lens was opaque, and vision in both eyes abolished.

I introduced a director at the ununitied space between the eyelids of the right eye, pushed it between the eyelids and the eyeball and divided the former with a probe pointed bistoury. The conjunctiva was then drawn over the margins and secured by sutures. The cornea was found partially transparent, but owing to the violence of the preceding inflammation, the organ was diminished in size. Although he recovered sight enough to distinguish objects in his way, vision was indistinct, and it was necessary to remove the cataract in the left eye, which was effected by three operations with the needle, and distinct vision regained.

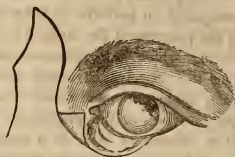
A disagreeable eversion of the right eyelids followed their division, but the patient could not be persuaded to submit to a blepharoplastic operation.

CASE 2.—P. O., a laborer, was affected much more severely from a similar cause. The forehead, eyelids, nose and cheeks were marked with deep cicatrices and filled with grains of gunpowder. As the right eye was shrivelled and more than the two external thirds of the eyelids adhered to each other, there was no prospect of relief, and none was attempted. More than two-thirds of the left cornea were opaque, the upper and inner portion only being transparent; the pupil was covered, and vision even with belladonna very unserviceable. Rather more than the inner half of the lower eyelid was destroyed and without protection, the transparency of the uninjured portion of the cornea was endangered.

The first indication was to restore the patient to sight, which was accomplished by making an artificial pupil by excision.

To maintain the vision thus regained it was thought advisable to perform a blepharoplastic operation. No original plan was necessary, as the method of forming the inner half of the lower eyelid, adopted by Dr. Hasner,* of Prague, had been published, and without

variation was applicable to the present case. The annexed cuts are nearly taken from his work, and show



the plan which was successfully followed. Although the skin was altered by cicatrization and gunpowder, a



very small portion only of the tip of the flap taken from the forehead sloughed off; the remainder healed and protected the eye from danger.

CASE 3.—From a similar cause the right eye was destroyed, and the left lens rendered opaque without adhesion of the eyelids. Some of the phalanges of the fingers had been broken, and the skin on various parts of the body had been perforated with gravel.

About a year after the accident I divided the opaque lens, by means of a cambric needle introduced through the cornea. Considerable inflammation followed the operation. Three months afterwards, as absorption did not progress, I operated through the sclerótica. The needle was unusually small, and the organ was subjected to little mechanical injury, yet violent inflammation succeeded, and the eye was lost. I believe that during the operation, the needle disturbed a piece of gravel or other foreign body which had entered the eyeball at the time of the explosion, and occasioned the unusual inflammation.

CASE 4.—O. H., a lad of eighteen, having obtained the lower portion of a gun, screwed out the percussion nipple, and fired off the cannon thus manufactured, several times. To increase the report, the charge was rammed with extra wadding, and when the match was applied, the ignited gunpowder was discharged through the wide touch-hole instead of the muzzle. The eyes, eyelids, and face, were filled with the powder, and both lenses and capsules became opaque. About eighteen months after the accident, the capsules were removed from the field of vision, and the soft opaque matter which filled the pupil was absorbed with great rapidity. In less than a week he was restored to the full enjoyment of sight, although the eye was subjected to far more mechanical violence than in the last case.

* Entwurf einer anatomischen Begründung der Augenkrankheiten, von Dr. Jos. Hasner. Edlem v. Artha. Prag. 1847.

Questions on Anatomy.
BONES OF THE HEAD.

Continued.

What division is made of the bones of the head?

1. Those of the cranium, 2. those of the face, and 3. those of the internal ear.

What bones belong to the first division, or the cranium proper?

The *os frontis*, *os occipitis*, 2 *ossa parietalia*, 2 *ossa temporum*, *os sphenoides*, and *os æthmoides*, numbering eight.

Do the two latter strictly belong to the cranium?

They belong in common to the cranium and face, and the same may be said of the *os frontis*; but they are generally included as bones of the cranium, by anatomical writers.

How many bones are proper to the face?

There are fourteen, viz. 2 *nasal*, 2 *lachrymal*, 2 *malar*, 2 *upper jaw*, 2 *palate*, 2 *turbinate*, the *vomer*, and *lower jaw*. Besides the *os frontis*, the *æthmoid* and *sphenoid* which contribute to the structure of the face, it is common to include among the bones of the face the 32 teeth, and the *os hyoides*, or the bone of the tongue.

What bones belong to the third division, those of the internal ear?

The *malleus*, *incus*, *stapes*, and *orbiculaire*, and as these are found in the auditory cavity of each of the temporal bones, they number 8.

Describe the general peculiarities of the bones proper to the cranium?

They belong to the division of the flat bones, and are constructed of two tables or plates with an intermediate cellular structure, the diploe. The external table is thick and strong, the internal thin and brittle. Their periosteum is called *pericranium*. They are united by suture, a variety of *Synarthrosis*, or immoveable articulation.

OS FRONTIS.

How would you describe the *os frontis*?

It forms the superior and anterior portion of the head, it is convex externally, and concave internally, with a semicircular border above, having a double row of serrated edges, forming the *coronal suture* by uniting with similar edges found on the parietal bones. This is called the *frontal* portion of this bone. Its lower border is very irregular in form, and is called its *facial* portion.

What are the peculiarities of this bone?

On its external convexity in the median line from above downward, there is a linear mark which indicates the suture of the two pieces which form this bone in infancy and the following other peculiarities, viz. two *superciliary ridges* marking the eyebrows, each terminating in an *external* and *internal angular process*; a *nasal process* between the internal angular processes; a *temporal ridge* and *process* behind the external angular process; two *orbital plates* running back from the

superciliary ridges; two *bumps* over the *frontal sinuses*; the *nasal spine* projecting internally; the *superciliary* or *supra orbital foramina*; the orbital, lacrymal, temporal and trochlear *depressions*.

On the internal concavity, or cerebral surface, we observe the *groove* for the longitudinal sinus; a *crest* for the insertion of the *falx cerebri*; and the *foramen cæcum*; and laterally the *mammillary eminences*, *digital impressions* and *coronal fosse*.

It constitutes the forehead, and superior portion of the face as well as a great part of the orbits and is connected with the bones of the face by the transverse suture, while the *sphenoid* is united to it by a suture named by that bone.

In what respects does this bone differ in the fœtus?

It is divided into two parts by a perpendicular line, contains no sinuses, and neither the ridges, orbital plates nor processes are perfect.

OSSA PARIETALIA.

Describe one of the parietal bones?

It forms the superior and lateral portion of the skull; it is nearly quadrangular and like the frontal is convex and concave on alternate sides. It is connected to its fellow by the *sagittal suture*, to the frontal bone by the *coronal*, to the temporal bone by the *squamous*, to the occipital by the *lambdoidal suture*, and also with the *sphenoid*. In the fœtus its angles are unformed, and otherwise incomplete.

What particulars are observed on this bone?

On its external and convex surface, and in its middle an *eminence* which marks its point of ossification; and just below it the *temporal ridge*, for the attachment of the muscle; four *sides* and four *angles*, named by their situation, anterior, superior, posterior, inferior, and their compounds; and on its concave surface there are *furrows* or *depressions* in which the longitudinal and lateral *sinuses* and the middle *meningeal artery* are situated, while numerous *pits* are observed for the transmission of vessels. Only one *foramen* is well marked, and its place is near the superior posterior angle, and it gives passage to an artery to the dura mater, and a vein to the longitudinal sinuses.

OS TEMPORIS.

Can you state the situation and divisions of the temporal bone?

It forms the lower part of the side and base of the skull, and comprises three portions, the *squamous*, *petrous* and *mammillary* or mastoid portions. The *squamous* is the superior portion, externally smooth, and semicircular at its top. The petrous is its internal and inferior portion and very irregular. The posterior part of the bone is called its *mammillary* portion.

What are the prominences and peculiarities of this temporal bone?

Its processes are the *mastoid*, *zygomatic*, *styloid*, and *vaginal*, which furnish attachments for numerous muscles, ligaments, &c. Its principal depressions, and

furrows are the *glenoid* cavity for the articulation of the lower jaw, the *temporal* under the zygomatic process, a *mastoid* furrow for a part of the lateral sinus; a cavity internal to its styloid process contributing to the jugular foramen. Its *foramina* are numerous, externally the *meatus auditorius externus*; the *stylo-mastoid* opening into the fallopian aqueduct; the *carotid*; the *bony canal* of the eustachian tube; the *canal* which contains the tensor tympani; the *mastoid* foramen. Internally, the *meatus auditorius internus*, and several smaller foramina. In the foetal state, it is without the external meatus, or the styloid process. There are two *ossa tempora* which are symmetrical, and they are attached to the parietals by the squamous suture, to the occipital by the lambdoidal, and also to the sphenoid, while the lower jaw is united to it by ginglymus. Within the cavities of each of these bones, and connected with the tympanum, the bones of the internal ear are located.

OS OCCIPITIS.

How would you describe the occipital bone?

It is of an irregular rhomboidal form, convex externally and concave within, and forms the posterior and inferior part of the skull.

What is remarkable in this bone?

Its inferior angle projecting forwards, forming its *cuneiform process*; the *foramen magnum* behind it for the transmission of the medulla spinalis, vessels, and nerves; its *condyles* on each side for connecting it with the *atlas*, or first bone of the spinal column; the anterior and posterior *condyloid* foramina, besides numerous ridges, furrows, and depressions, for the attachment of muscles and ligaments, as well as the passage of vessels, sinuses, &c. In the foetal state the border of the foramen magnum is imperfectly ossified, and the bone is separable into four portions.

OS SPHENOIDES.

Where is the spheroid bone situated in the skull?

It passes across the base of the cranium, from one temple to the other, and is wedged in by being attached to numerous bones of the cranium and face.

How is it divided for purposes of study?

Into a *body*, 2 *ala* and 2 *pterygoid* portions.

Can you name the projections or processes?

There are the *azygous* process; 2 posterior and 2 anterior *clinoid*; *transverse spinous*; *athmoidal*; 2 *orbital*; 2 *spinous*; 2 *styloid*, external and internal *pterygoid* plates.

What other peculiarities of this bone are discriminated?

A depression between the clinoid processes, called *sella turcica*; besides numerous other depressions and furrows for muscles, vessels, &c. named from their situation and uses. Its foramina are the following: the two openings of the sphenoidal sinuses, the optica, acera, rotunda, ovalia, spinosa, and vidian foramen, through which nerves and vessels are transmitted.

OS ÆTHMOIDES.

How would you describe the ethmoid bone.

It is somewhat cubical in shape, and is divided into a *cribriform* and nasal lamella, two *ossa plana*, cellule, and two *ossa turbinata*. It occupies the anterior and inferior part of the cranium, behind the fissure of the frontal bone, at the root of the nose. The cribriform plate and turbinated bones are pierced with holes for transmitting the olfactory nerves; the former has a process internally to the skull, called *crista galli*. The *ossa plana* are also pierced for certain nerves and vessels. The os ethmoides is connected with numerous adjacent bones by schindylisis, its spines being inserted into corresponding grooves.

BONES OF THE INTERNAL EAR.

How many bones are distinguished in the internal ear?

There are four in each ear, forming together a kind of chain between the *membrana tympani* and the labyrinth. These are the *malleus*, *incus*, *orbiculare*, and *stapes*, in the order here named from without, the latter being the most internal. The muscles and membranes connected with the internal ear are attached to these bones.

To be Continued.

Sulphate of Quinia—Its Use and Abuse.

By R. L. Madison, M. D., Petersburg, Va.

Credulity is the besetting error of the age. It is this that gives to quackery its giant strength to cope with science and tamper with disease. It is this that makes each newspaper in our land teem with the praises of a thousand nostrums. It is this that makes the druggist yield his sense of honor to the love of gain, and thus become the willing vender of each secret charm. It is this that makes the trusting invalid give his last dollar to the charlatan, who, while he helps him onward to the grave, tickles his fancy with delusive hopes. It is this that decks both ignorance and error in fascinating garb, and clothes in all the livery of truth the flaming falsehoods of the quack. This condition of things in the medical world is in a great measure attributable to the decided tendency of the age to deduce conclusions from imperfect data—to base theories upon isolated or badly connected facts—and to reason from particulars to generals, thereby reversing the true order of reasoning. Whatever is discovered to be true in a single instance is forthwith conjectured to be applicable to all analogous cases, and thus we have theory after theory in rapid succession issued forth to the world, accounting with specious though sophistical argument for all the varied phenomena of nature, the conclusions of which are alike at variance with sound reason and with common sense. This is true of all the departments of science, and medicine is by no means exempt; for inasmuch as medical philosophy, like all other philosophy, must of necessity be based upon experiment, theorists are too apt to predicate opinions

upon insufficient grounds, and to reason from analogy, by which even the most opposite doctrines can be easily made tenable. But in addition to the retardation of science, by opinions too hastily conceived, there is another cause co-operating with even greater power in effecting the same result. I allude to the exclusive or indiscriminate employment of any single remedy in the cure of disease; the *routinist*, the "*homo unius medicinae*," is but a quack at best, who blindly and irrationally prescribes, and who trusts to Providence and the power of nature for that which ought to be accomplished by professional skill and scientific treatment. This practice of indiscriminately using a medicine without any rational indication for its exhibition, has done more to bring the whole science into disrepute, and to cast a stigma upon professional character, than all other causes combined. It is this that has created in the popular mind so powerful a prejudice against the use of *calomel*, and has made the current of unprofessional opinion so adverse to its administration. Every quack in the land knows well how to take advantage of public sentiment in this particular; for when he sets forth in glowing colors the wonder working power of his *valuable* preparations, he always concludes with the "*ad captandum*" argument, which he conceives must carry conviction of their efficacy home to every unbiassed mind, "*that his medicines contain no mercury.*"

This popular clamor against a remedy which stands first upon the list of the *materialia medica*, and which, when properly and judiciously administered, constitutes one of the most efficient weapons which the physician can wield against disease, owes its origin and its present sustentation to its indiscriminate application in the cure of disease, or rather, to its not being restricted within its proper and legitimate sphere of curative action.

This brings me to the consideration of the subject which stands as the caption to the present article. The cinchona bark, from which the substance quinia is extracted, has derived its name from the Countess of Chinchon, wife of the viceroy of Peru, to whom the medical world is indebted for its first introduction into Europe in 1640. It soon afterward fell into the hands of the Jesuits, and became to that order a source of great pecuniary emolument; since which time, notwithstanding the opposition at first inspired by its extravagant price, and the violent prejudices conceived against its use, it has continued constantly to advance and steadily to maintain a highly reputable character with the profession generally; and at present it has well nigh reached the acme of its popularity, and stands forth the crowning glory of anti-periodics. But this very popularity to which it has so deservedly attained, seems destined, ere long, to be the means of bringing it into disrepute, by causing it to be perverted from those uses to which all past and present experience has assigned it, and by endeavoring to make it fulfil indications entirely at variance with its well known therapeutic action. No one can entertain a higher opinion of the anti-intermittent

virtues of the sulphate of quinia than myself. Restricted to this sphere of action, it certainly stands without a rival. As a tonic it has both equals and superiors; but the practice of exhibiting this medicine in enormous doses as a *sedative* in inflammatory affections, and as an able adjutant to the lancet, is becoming to a considerable extent fashionable with physicians, especially at the South.

This practice I consider as pernicious in the extreme; for all experience indubitably proves the sulphate of quinia to be an *excitant*, not only of the nervous, but also of the vascular system; the cerebral disturbance evinced by a feeling of fulness in the head, ringing, buzzing or roaring in the ears, and partial deafness, is almost invariably produced by small doses; in larger ones, in addition to the above mentioned phenomena, it has occasioned intense cephalalgia, vertigo, deafness, loss of sight, with dilated and immovable pupils, loss of speech, delirium, coma, and great prostration; it has even proved in these large doses the obvious cause of death, by co-operating with the disease in establishing intense inflammatory action in the brain. Occasionally, when administered in certain morbid conditions of the system, it has been known to produce diminution of the heart's action. But may not this effect be justly ascribed to the intense excitement of the quinia, acting in such a manner as to obtund the nervous power of the brain and to paralyze its energies? Everybody knows that the most powerful stimulant, when given to excess, will produce sedation, and yet no one would be rash enough to resort to such means as a cure for an inflammatory affection.

This practice, therefore, of using the sulphate of quinia in very large doses is much to be deprecated, not only because it is thus diverted from its legitimate sphere of action, but also because by this wasteful and injurious mode of administration, its price is enhanced to such a degree as to place it beyond the reach of the poorer classes in every community. For this last reason, if for no other, it becomes interesting to inquire, What is the smallest quantity upon which we may with safety rely for the arrestation of any given paroxysm? This must of course depend upon the nature of the paroxysm, the duration of the malady, the time at which the medicine is administered, and the constitution of the patient. Now, my own experience, together with that of a number of physicians with whom I have conversed on the subject, induce me to believe that it is rarely necessary to administer more than 16 grains in the intermission of a disease or in the remission of a fever—this quantity having proved, in a majority of cases, entirely adequate to arrest periodicity in any form. In some cases eight or ten grains will be quite sufficient. As regards the mode of exhibition, I greatly prefer the *solution*, not only because it is thus more easily absorbed, and more speedily produces its effect upon the system, but also because you are enabled to give the entire dose two or three hours before the expected paroxysm, and thus obviate the necessity of disturbing the patient's rest,

which is generally done where the *pitular* form is preferred. The only instances which forbid the employment of the solution, are those of weak, nervous individuals, laboring under great gastric irritability. Now, inasmuch as I object to the use of quinine as a tonic, because there are other medicines which more ably subserve this purpose, and inasmuch as I entirely condemn its use as a sedative, owing to its deleterious action on the brain, I will cite a few cases which have come under my observation, proving its great power as an antiperiodic, not so much with the hope of presenting anything new to the profession, as with the desire of restricting the use of quinine within its clear, undoubted and rational sphere of action.

Case 1.—C****, æt. 35, was seized on the evening of the 29th of August with severe inflammatory rheumatism, involving the knee and ankle joints of the left leg. I saw him in the course of the evening; there was great constitutional disturbance; pulse 115, hard and bounding; tongue coated; constipation; local pain intense. I immediately bled him to the extent of 3 xij; gave the following:

℞ Hyd. chlorid. mit. pulv. jalapæ, aa. gr. v, morpha sulph. gr. ʒ. and had the limb wrapt in flannel wrung out of hot vinegar.

Aug. 30.—Had not slept; pain lessened; medicine had acted once; pulse 112. Ordered six cut cups to the lumbar spine, and ℞ Magnesia sulph. ʒ ss, magnesia carbonat. vin. rad. colch. aa. ʒi, syp. aurant. cort. ʒ ss, aq. carbonate ʒ vi, M. S. ʒi sum. ter die.

Aug. 31.—Better in the morning, but again seized at night with all the symptoms as violent as at first; repeated the cups to the spine, directed the colchicum and magnesia to be continued, and gave an anodyne.

Sept. 1.—Did not sleep until towards morning, when the pain abated, and the pulse fell to 100, but rose again in the evening to 112, with a recurrence of the pain. Seeing this disposition to remit, and learning moreover that he had been exposed to the influence of malaria, I determined to use quinine. On the following morning I gave him, ℞ Quinia sulphat. gr. xv, aq. camphora ʒij, tinct. digitalis gtt. xv, syp. zingiber ʒij, M. Fiat haust. Had no rise of fever.

Sept. 3.—Pulse 75, skin cool and perspirable; tongue clean; complains only of a little soreness in the affected joints.

Sept. 6.—Quite well.

Case 2.—F****, colored woman, æt. 28, seized on 7th of August with complete retention of urine, which at first I was disposed to attribute to "retroversio uteri" or "prolapsus." An examination convinced me that neither was the case, nor was there any derangement of the pelvic viscera. She was relieved by the catheter, and took the following: ℞ Fol. uvæ ursi, ʒij; fol. diosmæ ʒ ss; bac. junip. cont. ʒij; aq. bullient Ojss; strain and add soda bicarbonate ʒij; S. Wine-glassful every two hours. Aug. 8.—Retention continues; relieved by the catheter; secretion abundant; took ℞ Tinct. ferri chloridi ʒ ss. gtt. x, quater die. August 9

—Quite well. August 10.—Retention again relieved by the catheter; ordered the drops to be continued. August 11.—Micturition easy; secretion copious. August 12.—Complete retention. Here was a remarkable case of periodical retention. On the following day I gave her ℞ Quinia sulphat. gr. xij; aq. distillat. ʒij; acid. sulph. gtt. ij; tinct. digitalis gtt. x. M. Since which time there has been no recurrence of this troublesome affection.

Case 3.—Sept. 19.—Called to see Mrs. G****, æt. 21; found her with facial neuralgia, which had tormented her for several weeks—face much swollen, great tenderness on pressure; wished to have the nerve divided, which I declined doing. Applied a solution of camphor in chloroform locally, with considerable relief. Sept. 21.—Pain as violent as ever; ordered ℞ Pulv. rhei. gr. x; magnesia cal. ʒj, and the following cerate: ℞ Morphine sulph. gr. ij; cerat. simp. ʒi. Sept. 22.—Swelling, pain and tenderness greatly diminished. No fever; appetite good. Sept. 23.—Pain agonising; skin hot and dry; tongue coated; ordered a mercurial cathartic and continued the cerate with warm applications. Sept. 24.—Pain dull; skin cool and moist, pulse 80. Gave ℞ Magnesia sulph. ʒ ss, quinia sulph. gr. xv; aq. distillat ʒij; aciduli sulph. gtt. ij; tinct. digitalis gtt. x ij; M. Sept. 25.—Slept well; pain gone, and up to this time has had no return of this painful malady.

Case 4.—Mr. M****, attacked with symptoms of acute dysentery on the 18th of October, which, however, did not confine him to his bed. Applied to me on the 21st—could not trace the disease to errors in diet—ordered a laxative, and then gave the following: ℞ Pulv. opii. gr. vi; plumbi acetat. gr. x ij; aciduli tannici xxvi; mel opt. q. s. ut fiat. muss. in pill ʒij. Dividenda, S.—One every three hours. Saw him again on the 27th; had been twice temporarily relieved by the pills; was now troubled with rise of fever every night, great *termina* and *tenesmus* with *spasm of the rectum*. All of these symptoms subsided entirely during the day. At 4 o'clock in the afternoon he took ℞ Quinia sulphat. gr. xij; aq. camph. ʒij; tinct. digitalis gtt. x. M; and at night the following enema: ℞ Mucil acacia ʒij; tinct. opii. ʒi. M. By these means the fever was prevented, the spasm allayed and the dysentery cured.

These cases amply suffice for the purpose of illustration.

It will be seen that in the treatment of the above cases I have employed digitalis and camphor in combination with quinine; the object of this being to prevent the disagreeable nervous sequelæ which follow the use of quinine alone. For that I am indebted to my friend Dr. Worsham, of Dinwiddie; and my own experience fully corroborate the truth of his statement.

Stethoscope.

Prevalence of Quackery in America.

By James H. Stuart, A. M. D.

In glancing at our country as compared with others, we are compelled, however reluctantly, to admit that

though incomparably better in most respects, she is yet in some, lamentably worse. Among these latter, rises pre-eminent the hydra head of quackery. In no other country has this body and soul-destroying crime reached such awful and impudent power. Turn where you will, from the magnificence of the large city to the humility of the country village, quack advertisements, often of the most nauseous and disgusting kind, stare you full in the face. Broad-sheets are printed and forced into your very houses, whose lightest word is sufficient to sully a pure soul. The young are informed of vices which their imagination perhaps never conceived of before. The most private and shocking diseases are shamelessly paraded; and fools of both sexes are found publishing confessions of having been cured of disorders, to even a knowledge of which, modest persons would never own. Mere boys and girls read these polluting developements with an avidity only equalled by their eagerness for that literature which law has made it penal to circulate. Mock "physiologies," &c., are issued to delude the unwary, and entrap them into those very vices which they pretend to defend them from.

Now why is all this? Why is it that a man cannot bring up his family in innocence and purity without the interference of these vile poison venders, some of whom rear palaces on the profits of their atrocious trade, and others send their children out with brazen face to associate on terms of equality with those of honorable lineage? Should not their origin render them for ever outcasts; the "Pariahs of society," exiles to an eternal Coventry? Part of the cause of this is to be found in the progressive spirit of our country. As in all new countries, the go-ahead disposition still prevails to a great extent with us. Consequently, proper division of labor is not yet established. Men grasp after the universal, and each individual seeks too anxiously to know and do a *little of everything*, ever to do anything well. The result of this, is a deficiency, among other things, of *thoroughly educated* physicians, and a great superabundance of ignorant and conceited ones. Medical men are too much addicted to "making money," and care too little for the elevation of their profession. There are double the number of men *nominally* in the profession than can ever obtain even a beggarly support from the respectable practice of it. Consequently, as no man will willingly starve, they direct their attention to other means of accumulating wealth, and neglect their professional cultivation, which at once opens a door for the real unmitigated quack to enter by. Or, still worse, they prostitute the little medical knowledge they have to the vilest of purposes, issuing such advertisements as "Dr. —, having directed his entire attention for some years to private diseases, challenges all competition," or "Dr. —'s celebrated cough medicine, the only one of any utility," &c.

O. W. Holmes has hit this off admirably. "Dr. C.

"May be consulted for life's various ills,
"And also sells the patent Pickwick pills;
"Teeth are extracted. He will likewise vend,
"That well-known ointment termed the loafer's friend."

I quote from memory. Perhaps there never was a period in the world's history, at which human credulity and absurd gullibility were so conspicuous as at present.

The history of delusions in past ages seems to have no effect whatever in suppressing credulity at present. People will laugh derisively at the advocates of the Cock-lane Ghost, and then turn with fond belief to the yet more absurd Rochester Rappings. They will wonder at the gullibility of those who had faith in Sir Kenelm Digby's vulnerary powders, and then with implicit confidence swallow some infinitesimal oyster shells, to cure a brain fever. The efficacy of the "King's touch" for *crofula*, excites their compassionate wonder, yet will they take Cayenne pepper for acute gastritis. O humanity, humanity, how great, how small, how wise, how foolish thou art! All are willing to pull motes from a brother's eye.

"Oh wad some power the gifle gie us,
"To see oursels as ithers see us."

Our country is essentially a money making one. Time is occupied in *accumulating* wealth, but very little in spending it. Let a man only *succeed* in his attempt to "gather gear by every wile," no matter whether "justified by honor," or not, and he is almost universally respected. Nothing is despised by which the great object is attained. Men are very anxious to punish a robber, for he takes *forcibly* from them their hard earned gains. But the quack steals so indirectly that they are scarce conscious of the theft. They consider his trade a business one, and regard their intercourse with him as a struggle of cunning. No one desires to suppress his vile trade by law, for each individual supposes himself sharp enough to escape from his clutches, and as each is successively outwitted, he maintains a discreet silence, lest he should be *known* for a fool. All the quack's *successes* are bruited abroad, because the one who speaks of them feeds his own vanity by showing the extraordinary intelligence which actuated him in employing the charlatan. His failures either occupy nameless graves, and "dead men tell no tales," or halt through life in sullen silence, for it would do no good to warn others, and human nature leads them to smile grimly, as one after another drops into the same trap which caught them. The leniency of the law is a great cause of quackery; but I cannot consider that a decided evil, so long as innumerable medical schools send out hundreds of ignorant doctors annually, a diploma cannot be considered a proper criterion of ability. Hence any law discriminating *merely* between graduates and non-graduates would be unjust. A *radical* change must be made, or none at all. It is unfair to say to one man, You have not had means for a collegiate education, therefore you shall not practice; and to another, You were able to buy a diploma, therefore you shall

Perhaps the main cause of quackery is the want of union among educated medical men. Instead of joining together to suppress all irregular practice, they are much more apt to be engaged in decrying each other, either directly or by knowing looks and innuendoes.

People soon remark this, and naturally think, If these men have not confidence in each other, how can we confide in them? They are distracted how to decide among so many conflicting interests, and too often betake themselves to quackery for relief, as the soul tossed about in the sea of polemic theology, too often seeks rest in the dark abyss of infidelity. There is also a want of moral honesty too prevalent in the profession. Physicians will resort, almost unconsciously, themselves, to petty tricks, which a moment's reflection would assure them are highly reprehensible. For instance, they will assume infallibility, and pronounce positive opinions on subjects of which it is really impossible to be certain. The opinions, of course, often prove fallacious, and the community, deceived, and disgusted, turn to the mountebank, who promises the most ridiculous things, with a feeling that they are not *much* more likely to be cheated by him than by educated men. Medical organization has done much, and, let us hope, will yet do more for the suppression of quackery; but is not as efficacious as it might, and ought to be. For the prevalent opinion regarding it is that it is undertaken, not for the good of the community, but for the private advantage of the individuals associated together, and to put down certain others whose interests are inimical to theirs. No means are used to convince the laity that scientific physicians unite, *not* to put down, but to build up, not for the further degradation of those who are too low already, but merely to separate from, and declare their non-identity with them. We think these two causes are the potent ones of quackery. Now what can be done to effect a cure? Were it possible, it would be a good experiment for all respectable physicians to cease practice entirely for a year or two. The massacres committed by quacks would then be fully evident to everybody, and many of them would undoubtedly expiate their crimes by lynch law, victims to the rage of those whose friends they had murdered. But, on the return of educated men to practice, a new race would of course arise, perhaps worse than the former. If the whole community would be well educated, it would suppress quackery. But that is impossible. I see no other way, then, but quietly and firmly to continue the great work of reformation in the slow but sure course it is now taking; to improve ourselves, to increase the stringency of our organization, and then, having thus done our duty, to leave the responsibility of their own actions with the people themselves. Those who have sense enough "to discern the evil from the good," will profit by their discrimination, and it will not be *our* fault, if those who have not, *die* in their ignorance, perhaps after having been beggared by their gullibility.

ERIE, Pa. Nov. 1851.

N. J. Medical Reporter.

New-York Medical Gazette Advertiser.

DR. SWETT

ON

DISEASES OF THE CHEST.

D. APPLETON & CO will publish early in February, A TREATISE ON THE DISEASES OF THE CHEST, being a Course of Lectures delivered at the New-York Hospital, by John A. Swett, M. D. Physician to the New-York Hospital, formerly President of the New-York Pathological Society. 1 vol. 8vo. 600 pages.

The above Treatise is intended to embrace all the well established practical facts in relation to the important class of diseases which it treats.

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Can also be obtained of us, PERFECTLY PURE, either in sticks or crystals, manufactured at our Laboratory.

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Our Morphine having acquired a reputation superior to any other those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

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This new article, forms the most portable, convenient and useful diet, ever offered to the public. The "**Council Medal**" was awarded to the inventor at the **Great Exhibition** in London; thus showing the appreciation there had of its merits, after a most thorough examination by the distinguished **Jury**, and the analysis by **Dr. Lyon Playfair, F. R. S.** to whose report, reference may be made.

Dr. J. M. Bailey United States special Inspector of Drugs and Medicines, and **Dr. Joseph R. Chilton** Chemist of New-York, have also attested to the excellence of the Meat Biscuit.

The **Gold Medal** of the **American Institute**, has also been awarded "for this new and valuable article," as well as for "**Pure Beef Lard**" produced in its manufacture. The Meat Biscuit is eminently adapted

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TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American Market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York *Express* newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The *price* is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the *price* of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs; and will buy where *cheapness*, not quality, is the standard.

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Vol. III.

FEBRUARY 16, 1852.

No. 4.

CONTENTS.

State Medical Society, ...	49
University of New-York, ...	49
New-York Hospital, ...	50
New-York Academy of Medicine, ...	50
Professor Penrose, ...	50
Sale of Poisons by Apothecaries, ...	50
COMMUNICATIONS:	
"Conservative Surgery,"	51
From Louisville, ...	51

Letter from Alabama, ...	52
Justitia, ...	52
Health Officer, ...	53
Case of Dr. J. K. Rodgers' Death, ...	53
Another Letter from New-York, ...	53
Miscellaneous Items, ...	54
Homoeopathy, ...	54
Questions on Anatomy (continued)—Bones of the Face, ...	57
New Publications, ...	58

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NUMBER 14, FOR JANUARY, 1852.

CONTENTS.

Part I. Practical Medicine, Pathology and Therapeutics.	
Sec. 1. Diseases of the Nervous System, ...	8 articles.
2. " Respiratory Organs, ...	10 do.
3. " Circulatory System, ...	3 do.
4. " Chylipotic do.	5 do.
5. " Genito-Urinary System, ...	4 do.
6. " Skin and Cellular Tissue, ...	8 do.
Part II.—Surgery.	
Sec. 1. Symptomatology and Diagnosis of Surgical Diseases, ...	5 articles.
2. Nature and Causes of Surgical Diseases, ...	6 do.
3. Nature and Treatment of Surgical Diseases, ...	5 do.
4. New Surgical Appliances, ...	4 do.
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The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the cause; but as the effects of the Morphine subsided, the pains for which it was given retraced with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and an order from the "Trade" must be addressed as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

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AND

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RECEIPTS.—Drs. Kip, Hubbard, W. Kelly, Anderson, Bissell, Turney, Lenoir, T. R. Beck, Stuart, Sams, Graves, Macbert, W. P. Reese, Woodson, J. S. Carter, Hosack, Holston, Romeyn, J. Green, Hobart, Blackman, Chalmers, Clark, N. Stephenson, Wayman, Terry, Neilson, Reeves, Fowler, Pond, Rochester, Cruin, Carnochan, Shields, Mussey.

Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *two dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

Our Readers

Should not fail to peruse Dr. Simpson's speech on Homeopathy. It is worth more than all that has been said or written on this side the water. Even *he* will be branded with the charge of ignorance. Said one of the tribe, the other day, to a pious female, "Our system is *like religion*, my sister; nobody can understand it but by *experience*, and hence the greatest men among the Allopaths, are incapable of comprehending it." The sanctimonious hypocrite then added, "All my little pills are prepared with prayers!" Sad indeed the picture when such men "steal the livery of heaven to serve the devil in."

State Medical Society.

This body has recently held a meeting in Albany, of which we are promised a report. One of our neighbors seems to have been somewhat roughly handled, he having had the temerity to attempt the same game there, by which he and others have jeopardized the Academy here. Professor Barker was on hand, and there as here, the faction were unsuccessful. They had better try it again in May, at Richmond, with the National Association, and see whether that body can be perverted from its legitimate objects to purposes of private malice and personal spleen against rival teachers in any medical school.

University of New-York.

The medical department of this institution in years past, has had a career of prosperity which made it a source of pride to our city. But it would be affectation to deny, or attempt to conceal what is alike notorious and apparent, that from the date of the retirement of Dr. Valentine Mott from its Presidency, and his Professorship of Surgery, steady and rapid decline has marked its history, so that its Council and Faculty have been put to their wit's end to prevent the doom which its enemies have been predicting, and its rivals have confidently anticipated. A strange infatuation seems to have taken possession of all concerned, which has betrayed the mortifying fact, that the sagacity of its head has been sadly in fault.

The first in this chapter of blunders consisted in filling the two vacancies in the Faculty with gentlemen called from a distance, neither of whom, however, just their pretensions, had claims superior, in any respect, to several members of the profession at home. Their early retirement after a single year, sufficiently indicates the failure of this short-sighted policy, and the chairs were again in the market.

Instead of profiting by the disastrous lesson, the chair of Practice was again given to a gentleman of Philadelphia, reiterating the slight upon professional men in New-York, who are every way his equals in every aspect; while that of Surgery was awarded to one of our own citizens; but even this act of reluctant justice was only meted out after foreign negotiations had failed, if public rumor was not mistaken. And by way of concession and propitiation to the profession

here, a corps of sub-professors, chiefly from our own citizens, was organized for a summer course, at \$300 per annum, to be paid by the Faculty to each sub-professor.

Thus was commenced the present session of lectures, and a new disaster now overtook the school by the decease of the Professor of Anatomy, whose place has been filled during the course by the Demonstrator, the diminished numbers of the class scarcely justifying a new appointment. The extensive falling off in pupils, added to the heavy expenditures for the new college building, give demonstrative evidence that a crisis has arrived which should prompt to wiser and better counsels to save the school.

For some weeks gossip has been busy among medical circles, in relation to projected changes, and the rumor now afloat seems to point to the recall of Professor Mott to his Presidency and chair, which, if true, is the first indication of returning reason.

It is also rumored that Dr. Post is to retain a portion of the Surgical chair, the department being divided; and that Dr. Van Buren, one of the subs, is to take the chair of Anatomy, the effort first to secure Dr. Goddard, of Philadelphia, having been unsuccessful. All this on the authority of rumor, and also that the Professor of Practice is to retain his chair, notwithstanding his first official act here, was to refuse to deliver his Introductory Lecture, unless a President and Professor of a rival college in *New-York* should be excluded from the platform, he having been invited by one of the Faculty into the ante-room for the purpose of conducting him thither. This *New-York* gentleman, having been courteously informed that he was obnoxious to the Philadelphia Professor, and of course excluded at his dictation, the lecture was pronounced!

If Professor Mott should magnanimously consent to resume his place in the Faculty of the University, a larger class may be expected next year, and the school may escape the destiny to which it has of late had so obvious a proclivity. In such an event, we predict that the transfer of the indecent exposures of Demonstrative Midwifery from Buffalo to *New-York*, as announced in the extract from the Northern Lancet on another page, will not be permitted to disgrace the obstetrical clinique of the college.

Dr. Mott will also by this revolution be relieved from the anomalous position he has held during the last year in the College of Physicians and Surgeons. So mote it be.

New-York Hospital.

The vacancy in the office of Surgeon to this institution, occasioned by the decease of Dr. Rodgers, has been filled by the appointment of Dr. Markoe of this city. There were no less than nine candidates for this post of honor, and we learn that Dr. James R. Wood was the most formidable competitor, although Drs. Chalmers, Carnochan, and Kissam, had each a respectable support.

New-York Academy of Medicine.

At the January meeting, the number in attendance was so small, that the President was elected on the first ballot, though he only received 26 votes; which is less than one-tenth of the resident academicians. In this small meeting, a singular resolution was adopted to the effect that it was the "sense of the Academy" that the language of Dr. Bachelder, in his tirade against the N. Y. Medical College, and one of their graduates, involved "only *inquiries*, and not *charges*," which seems to relieve the Committee on Ethics, and is probably prompted by the fear of John Doe and Richard Roe. We trust that under the administration of the President elect, the causes which have monthly decimated the Academy of its oldest and best members, may be removed, and the members kept to their legitimate business; else they will soon find it impossible to gather a quorum of members willing to waste their time on trifles and absurdity.

Professor Peaslee.

This gentleman, having completed his course of lecture on the Institutes of Medicine, in the N. Y. Medical College, in 13th-street, is shortly to leave the city for his residence in Hanover, N. H. where he will resume his practice and official duties in Dartmouth College. His sojourn in *New-York* has been, we trust, as pleasant to himself as it has been agreeable to those who have either made his acquaintance, or profited by his instructions. He carries with him the affectionate regards of his class, together with the high regard and esteem of his professional brethren here, to whom he has endeared himself by his many excellencies of mind and heart, and who regret the necessity of his leaving us, while indulging the hope that they shall see him here soon again, and that he may be induced to make our city his future residence. We embrace the opportunity thus to express the feelings of many in which we fully participate.

Sale of Poisons by Apothecaries.

The frequency of murders by poison which have lately been reported to the public press should prompt to immediate measures to restrict the sale of all active poisons, by law. We commend this subject to the attention of the present Legislature of this State, now in session, as demanding their early action. Let a law be passed, forbidding the sale of any of the active poisons, enumerating all those employed for criminal or suicidal purposes, except on the order of a physician, who should give the name and residence of the party who is to use it under his direction. The apothecary violating this law, or failing to label the article "Poison," in addition to its name, in the English language, should be made liable, as a particeps criminis, to the pains and penalties of manslaughter, if such use should be made of the poison. Nothing short of this stringent law can afford security or protection to human life.

Communications.

"Conservative Surgery."

Mr. Editor,—I was highly pleased with the reports of cases on page *nine*, of the present volume of the *Gazette*, by John O'Reilly, M.D. under the above heading, as well as the *Editorial* comments on those reports in the same number of the *Gazette*;—as there has been, and still is, both in and out of the profession, too much stress laid upon skill or manual dexterity in *destructive* operations in Surgery.

Every good Surgeon must be able to perform operations neatly and properly—but it is not the fact that every expert operator is a good Surgeon—or that the man who had destroyed the most limbs, or performed the largest number of *operations* is worthy the highest place in the ranks of the profession.

To put a person under the influence of Chloroform, and amputate a finger for a simple *paronychia*, and in its formative stage, as was recently done, not far from here,—may prove that the Surgeon was taught all the arts and mysteries of a pocket knife even in his childhood; but is far from convincing to the mind of the writer, that the operation was judicious, or that the operator is a scientific Surgeon.

The eclat obtained, oftentimes by an *operation* in Surgery, even where not demanded,—that could as well have been performed by any mechanic as by a professionally educated man, has no doubt led to the destruction of many valuable limbs, if not of the lives of those who have suffered under the hands of those who pride themselves on the number of operations they have performed.

But I did not commence this line with the intention of animadverting upon Operative Surgery. However obnoxious that may frequently be to just censure—but rather to ask your contributor, Dr. O'Reilly, to favor the readers of the *Gazette* with the course of treatment adopted by him, and which was so signally successful in saving the limbs of his patients after they had been so severely injured.

It is not only gratifying, but also *hope-inspiring*, to learn of the success which attended his efforts—and the writer would like much to learn the *measures* adopted, whether peculiar, or otherwise, which insured so happy a termination. I have read the reports of the cases with pleasure and care—yet, owing doubtless to an oversight on the part of Dr. O'Reilly, I have not been able to learn anything from them that would aid me should I be called upon to treat patients suffering under similar injuries. It is true that the report speaks of the use of opiates and stimulants for the constitutional treatment, and "*warm dressings*" to the limb, in the first case, and in addition to this, porter, the caustic wash, and dry lint in the second—but whether the "*warm dressing*" was simply warm water, or was a stimulating, or medicated wash, is not stated. Excuse me, if I am dull of comprehension—but in matters

where a life or a limb may be saved or lost, I wish *definite*, *particular* information.

Very Respectfully,

C. H. CLEVELAND, M. D.

Waterbury, Vt. February, 1852.

Louisville, January 26, 1852.

My Dear Sir,—“The University of Louisville has a class of 260 all *bona fide* pupils, not men of straw and of India rubber. No man ever lectured to a *finer* set of young men engaged in the study of medicine; I am sure they would compare most favorably, in every respect, with the same number of students anywhere in this country. They are exceedingly well-behaved, and most attentive to the lectures. Many of them are quite intelligent, and not a few of them, I predict, are destined to attain to professional eminence. My impression is, from what I know of the pupils who congregate in the schools of the Atlantic cities, that many of the very best of them, both in point of intellect and attainment, are from the South-west. We occasionally catch a few out here from the Eastern and Middle States; but, in general, they are of an inferior quality, and do not reflect much credit upon their parentage.

Dr. Drake is busily engaged upon the second volume of his great and wonderful work upon the “Diseases of the Interior Valley of North America;” and the probability is that it will be ready for the press early in the summer, and that it will be issued sometime next autumn. The first volume has been well received by the profession of the South-west, and the edition will no doubt be soon exhausted. The work is one of stupendous learning and research, and, when completed, it will form a monument to its illustrious author as enduring as the valley, the climate, and topography, and maladies which it serves to record.

It will gratify you to be informed, that, although Professor Drake is now sixty-six years of age, he possesses all the vivacity and buoyancy of a youth of eighteen, and that he daily lectures with a degree of animation and energy seldom witnessed in your Atlantic class-rooms. What Cullen was as teacher in the University of Edinburgh, Drake is in the University of Louisville. As a writer, the American Backwoodsman is far in advance of the celebrated Scotchman. I am sure that Dr. Drake is not only the most *eloquent*, but also the most *philosophical* teacher of medicine that this country has ever produced. As an author, the present and future generations will do ample justice to him.

Of medicine news we have little, or nothing in our goodly city. Our hospital has afforded no cases this winter of any particular interest, in either of its wards. The only operation, of any importance, that has been performed there was an amputation of the thigh, early in the season, and the Surgeon, I am told, was *three minutes* in effecting his object. The patient fortunately enjoyed the benefit of chloroform.

The University Clinique, under the charge of Dr.

Gross, has been well sustained, and afforded a large number of interesting cases. The principal operations, thus far, have been three cases of lithotomy, an amputation of the leg, several cases of cataract, and an operation for cleft-palate. The clinique is held every Saturday afternoon from 2 to 4 o'clock in the College edifice, and the attempt has been, thus far, eminently successful.

Ex-Professor Caldwell has recently published a new edition, the second, of his work on the "Original Unity of the Human Race," issued originally about eighteen years ago. The most novel feature of this edition is the appendix, which contains some very *amusing* and striking *facts* touching the learned author and certain other great men. I read the work, soon after its first appearance, with much interest and pleasure, albeit I did not then, nor do I now, believe all that it attempted to inculcate in regard to the subject of which it treats. The venerable and industrious author is now engaged in writing his autobiography; and, considering that he has lived nearly four-score years then, that he has seen much of men and things, and that his own career has been a very busy, if not an eventful one, we may look for a most *entertaining* and instructive production. The work, I predict, will have a great run; every body will read it.

Dr. John Bell, professor of the theory and practice of medicine at Cincinnati, has just resigned his chair, and will, it is said, return to Philadelphia immediately after the close of the present course of lectures. It is not known why he has taken this step, nor who will be his successor. Various conjectures are afloat in regard to both of these subjects, but none of them are entitled to any particular confidence. The Medical College of Ohio is reported to have 120 pupils; rather a small number, considering the immense clinical advantage enjoyed by that institution; advantages far greater than in any other school in America.

I have thus given you, my dear Sir, some gossip, and remain,

Very truly your friend,

P.

Letter from Alabama.

"As items of news I may mention that for the last 12 or 18 months we have had throughout the South a series of catarrhal epidemics in rapid succession. We have just passed through an epidemic jaundice; scarcely had it subsided when we find ourselves in the midst of catarrhal diarrhoea, it would seem a fitting sequel to the former as large quantities of billious matter is passed spontaneously from the bowels. On the 20th instant, the Thermometer indicated a lower temperature by $9\frac{1}{2}$, than was ever known at this point, within $\frac{1}{2}$ of zero in open air."

Respectfully,

W. P. REESE, M. D.

Selma, Ala.

Mr. Editor.—May I presume upon your kindness to insert the following scrap from the meagre editorials of the Medical Times. If it throws no light upon the cause of "*sound morals*," it may serve at least to illustrate the mendacity of that journal of "*nick-nacks*," which has been aptly yclept, "*Adams' Express*."

"We have received information from a reliable source that the *Course of Lectures* alluded to in our last as having been advertised for six months, has dwindled down to an occasional *free clinique*, at the office of the lecturer."

Now sir, as I am a member of the class which numbers over forty, and have been present at each of the lectures which are now in weekly progress, by Dr. Samuel M. Elliott, to whom allusion is made, I take upon me to say that the statement by the editor of the N. Y. Medical Times is a gross and palpable violation of truth, no matter who may be his "*reliable source*." No approach to a *clinique* has yet been made, the subjects thus far treated having been solely the Anatomy and Physiology of the Eye, and these have been treated by regular lectures of more than the usual length, either written or extemporaneous, accompanied by numerous dissections of the organ, with and without the microscope, and magnified colored drawings; and in all respects Dr. Elliott is performing more than he promised, in the advertisement complained of, and very much to the satisfaction of the physicians and students who choose to profit by his instructions. And in a more advanced part of the course we are to be favored with a "*free clinique*," which we doubt not will be one of much interest and advantage.

Allow me to say, that though none are admitted to these lectures without tickets, yet Dr. John G. Adams may obtain one on application, notwithstanding that his story and its "*reliable source*" has "*dwindled down*" to a mere figment of fiction of which even he ought to be ashamed.

JUSTITIA.

[Our correspondent betrays a degree of resentment which is uncalled for. Our neighbor of the Times is in the midst of a clique, whose organ he is, and besides he is suffering for months past under a species of Monomania, which has been denominated a "*Green and Elliott-phobia*." Ever since he returned from the Charleston Convention, to which he was a "*Delegate*," he has been waging war *pugnibus et calcibus et unguibus*, against the "*college in New-York*," which he *imagined* his friend Dr. Hooker had annihilated in a certain Report, into which, however, his friend had *not* inserted what he had told him; and yet he was so sure that it would be forthcoming, that he ventured to write it for the Gazette in advance, and vouch for its truth, until it was repudiated, and our neighbor left in the lurch. This was a bitter pill, but had to go down, and has only increased our neighbor's "*exercise of mind*." He owes an old grudge to Dr. Green, for having *cured* him of Bronchitis, some years since, by cutting his throat, or rather *truncating his uvula*; and this accounts for his antipathy to the N. Y. Medical College. Whether he

has ever been a patient to Dr. Elliott, also, we can only surmise, by his similar demonstration of hostility. We advise all parties to keep cool, and would prescribe water-gruel, and the expectant treatment as best adapted to the case. And as to Dr. Elliott, we presume he will lecture when he pleases, to all who please to hear him, the editor of the Times to the contrary notwithstanding. If Dr. Adams, or Dr. Bacheider, or any of their clique, are desirous to scrutinize his merits, they will apply for tickets, and tell the truth about him, unless detraction serves their purpose better. For ourselves, we choose to suspend our opinion, and await the final issue of the fight before we commit ourselves. *In medio, &c.*]

Health Office.

The death of Dr. Doane was speedily followed by the action of the Board of Health, in filling the vacancy in the Health Office, by the appointment of Dr. Vache, until the pleasure of the Governor and Senate should be made known. We learn that on Tuesday last, the nomination of Dr. Richard L. Morris was confirmed at Albany, so that the reign of Dr. V. has been short.

Dr. Morris has for several years been enjoying the office of Health Commissioner, at a salary of some \$2500 per annum, which has been complained of as a sinecure, the duties being performed by a clerk, who received a separate salary. He is now promoted to the most lucrative office in the state, the labours of which, if faithfully performed, will be anything but a sinecure. We congratulate him on being born to good luck, and trust that he may not sacrifice himself by grasping at the government of the Marine Hospital, which to the Health Officer is a work of supererogation, and infinitely more hazardous to life than the duties of Port Physician in visiting and inspecting the ships.

We perceive that Mr. Butler, the Steward of the Hospital on Staten Island, under Dr. Doane, has also fallen a victim to the Ship Fever.

Case of Dr. J. K. Rodgers's Death.

A pamphlet, addressed to the profession, has been written by Alex. E. Hosack, M. D. of New-York, detailing a history of the disease of which the late distinguished and lamented John Kearney Rodgers, M. D. of New-York, died. If the controversy that has been commenced, would restore to life again the subject of a misunderstanding between some medical practitioners of New-York, it would be worth while to continue it. Dr. Rodgers is dead, and now a grave question is agitated, of what disease did he die? Dr. Hosack, to our view, has given a plain, truthful narrative of the case, which would satisfy any reasonable man; but probably, in New-York, as every where else, there are those who are never happy till they have made somebody else quite miserable. One of the effectual methods of making trouble among gentlemen of professional eminence, is either directly or indirectly to ac-

cuse somebody of ignorance, or unfitness for professional responsibilities. Dr. Hosack, we think, has been disturbed very unnecessarily by this mode of attack. From all that we can gather in reading the pamphlet, there is no evidence that there is any higher attainments of science in one party than in the other; nor is it at all probable that Dr. Rodgers would have recovered under medications of those sage critics who have it in their power to do more mischief with their reports than good with their prescriptions. Confidence in the medical profession is sufficiently shaken, to make it incumbent on all well wishers to the respectability of the craft, to uphold each other, by counsel and kind offices, instead of vilifying and underrating the qualifications of their neighbors. We care not who may dislike the freedom of these remarks, since we are conscious of being in the right, and shall avoid no opportunity of rebuking those who deviate from that high standard which contemplates the peace and prosperity of their brethren in the same responsible pursuits.

Boston Journal.

Another Letter from New-York.

[Our confrere of the Northern Lancet, has a correspondent here from whose first letter we make the following extracts, thus giving it a greater publicity, which we hope will gratify the writer.]

DR. NELSON,

Dear Sir ;—With the commencement of a New Year I shall enter upon a regular correspondence from this great Metropolis, which will no doubt be read with open mouth and glaring eyes by many whole-souled, good-hearted country physicians, who are less favored than the greyhaired, wise-looking sons of Esculapius of Gotham, who can jump into a house-full of starving emigrants, and, for a "quarter," can have the privilege of making any and every experiment they may wish on their poor bodies.

I scarcely know where to begin, but I suppose nothing better than to begin right at the fountain-head—the top of the pot—viz: the Medical Schools. There are, as you are doubtless aware, three schools in this city, the University Medical College, the College of Physicians and Surgeons, and the New-York College of Medicine. At the usual time the lectures commenced in these different institutions, and they have been driving away ever since. The University has a *little over three hundred students!* the College of Physicians has *about one hundred and thirty-five!* and the New-York College a *few more* than last session, but as this is a new school the number is necessarily small when compared with an older institution.

Doubtless, some of the readers of your LANCET are not aware of the greatness of this great city, and how great things are carried on here. I shall, therefore, from time to time give a little insight into what constitutes a doctor's life in New-York.

There is estimated to be fifteen hundred physicians

in this city : of this number about seven hundred are quacks, five hundred regular physicians, and the balance is made up of Steamers—Homeo-humbug-y-paths Clairvoyants—Promulgators—Blood, Indian, and Root doctors—and Midwives. Each in turn has a pull at the poor sufferers of humanity of all nations, and the way they pull each other at times is distressing. I belong to the class of "Doctors," and disbelieve in all 'pathys' and humbogs, and this causes me sometimes to play a trick on the men who practice for money and care for no one. A short time since I went to a doctor who cures everything by "magnetic influence" and looking through the body; I told him I was sick and wished to be put in the clairvoyant state, that he might look through me. When he thought he had me right, he commenced talking to me, but I made him believe that I could not reply, and made motions for pen, ink, and paper, which was given me, and while he thought I was under his influence, I wrote a few pages, about him and humbugery, that he'll never forget in his life. When he found out the trick he quit his trade and left the city. Homeo-humbug-a-pathy has had its day in New-York, and awful must be the fall, for some there are who were once physicians, but forsook the profession to go along with deluded upstarts, who advocated the absurd theory of "giving the one hundred-thousandth part of a grain every ten years." They cannot have any claim now to the profession, and must go to sawing wood or some other lucrative trade, to earn their grub. Advertising quacks are still flourishing round, and they pick up the ready cash of strangers.

On Monday week last, two cases of *Procidencia Uteri*, was EXHIBITED to a large audience of Students and Physicians, by Prof. BEDFORD at his *Obstetric Clinique*, in the University Medical College. The Clinique is attracting a degree of attention rarely met with in medicine. In due time you shall hear from me again, Yours in bonds of Esculapian fidelity.

A. D. BUNCH, M. D.

New-York, December, 1851.

Miscellaneous Items.

The old controversy between Drs. Morton and Jackson, as to the discovery of ether as an anæsthetic agent, is now before Congress.

Judge Parker of Boston is about to deliver lectures on Medical Jurisprudence, a subject upon which most doctors as well as lawyers, are wont to expose their ignorance.

The Medical Times, after puffing the "opium practice in herculean doses," as curative in Puerperal Fever, has been obliged to confess that more than half the patients thus treated at Bellevue, are dead. Only 9 of the cases are reported as such, five of which were fatal. We have been furnished with other facts, which will be forthcoming in time for those "lectures."

The public are cautioned against Castor Oil in capsules, as they are said to contain Croton oil, which is a drastic drug, and capable of much mischief.

The Medical Times complains of "old fogginess" in the Board of Governors of the Alms House, "forgetting that it is to this very quality that his clique is indebted for the opportunity of learning their profession by experimenting on the sick paupers of the city, without the supervision of a superior Medical Officer to supply their deficiencies and protect the poor from their blunders. We perceive that one of the "old fogies" has ceased to be Governor, and become "Warden of the Hospital," for which his trade of *cabinet making* admirably fits him. The complaint is that the dead are *coffined* and buried, instead of being disposed of to the colleges, which the Times complains "have this season suffered for want of *matériel*." It would seem that medical teaching is doomed in New-York. The "old fogies" cannot be made to see that a "*law for the protection of burial grounds*" is to "legalize the study of anatomy," to which the Senate stand opposed. The Times hopes for better luck at Albany. *Nous verrons.*

Professor Alonzo Clark has been elected President of the State Medical Society. The Homeopaths will interpret this as an endorsement of the practice of giving 280 grains of opium per day, in Puerperal fever, but we demur to this inference. Dr. C. is a teacher in the Crosby-street College, in this city, and holds a similar chair in Vermont, and another in Massachusetts, lecturing alternately in each. It is to this triple professorship that this new dignity has been added. It will be Professor Lee's turn next, for he holds no less than five professorships, itinerating from Maine to Ohio. The peripatetic philosophers are in demand, for there is a lack of timber *matériel* to make professors out of. More's the pity.

Homeopathy.

[We insert the following extracts from the proceedings of the Medico-Chirurgical of Edinburgh, and trust that the length of Dr. Simpson's speech will not deter any from reading it, as it will amply repay perusal.]

It seems that Dr. Henderson, who was a clinical professor in the University, and physician to the Royal Infirmary, has treated a case of pneumonia in the latter institution by infinitesimal doses of Phosphorus. *The case was fatal of course.* Dr. Syme, Dean of the Medical Faculty, felt it his duty to cause the removal of Dr. Henderson from his official station, which was promptly effected before the Faculty. Whereupon reports were circulated by Dr. H. impeaching the integrity of both Dr. Syme and Dr. Simpson, by alleging that they had each consulted with homeopathsists.

Dr. Syme having fully vindicated himself from the allegation of inconsistency, Dr. Simpson made the following address, as reported in the Edinburgh Monthly Journal :]

Dr. Simpson seconded Mr. Syme's motion. And as Mr. Syme had taken the present opportunity of answering some of the charges which had been brought against him as to countenancing Homeopathy, Dr. S. hoped the society would accord him also the same privilege, of replying to similar charges which had been brought against himself, from the same quarter, and on the same subject. Dr. S. had not read the pamphlet from which Mr. Syme had quoted, nor any of the other pamphlets published during the recent discussion; but he had read the first letter which Dr. Henderson addressed to one of the Edinburgh news-

papers. It appeared at a time when Dr. S. happened to be absent from Edinburgh, and he first heard of it when in England. In that letter Dr. Henderson stated, that Dr. S. had met with him in consultation in the treatment of some cases. On the morning after he had arrived in Edinburgh, he waited upon Dr. Henderson at his own house, to ask him what these cases were. He had, within the last few years, on two occasions, watched, for some long anxious hours with Dr. Henderson, at the bedside of Dr. H.'s own wife, but she was assuredly treated most allopathically, not homœopathically; and, in doing so, no one would accuse Dr. S. of abetting or countenancing homœopathy. But, in confirmation of his statement, Dr. Henderson mentioned two patients whom Dr. S. had attended,—one for uterine disease; the other for disease of the labium. Dr. Henderson previously attended these cases, and had certainly asked Dr. S. to the charge of them, and Dr. S. had done so; but as certainly he did not attend them with, or for Dr. Henderson. Very likely he might have told Dr. Henderson, when he happened to see him, what view he took of the cases, but he understood he had full and uncontrolled professional charge of them, and their treatment; and, in treating allopathically what had resisted homœopathy, he was not in any way, he conceived, countenancing homœopathy itself. He applied *potassa fusa* (not a homœopathic proceeding) to the cervix uteri, to remove the state of indurated hypertrophy and induration. In the other case, after trying various measures (iodine, nitrate of silver, &c.) to reduce a hypertrophied labium, Mr. Syme went with him, and removed a large portion of it with the knife. Dr. Henderson adduced another case as one he had alluded to. It was an instance of a small pediculated uterine polypus, the projecting body of which was offering to ulcerate. Dr. Henderson had asked him to see this patient, and was present when Dr. S. removed the polypus with the scissors. Dr. Denman had years ago laid down, as a rule, the necessity, when practicable, of having the evidence of some other practitioner as to the real existence of a polypus; and Dr. S. had felt this necessity strongly in the present instance, as the lady had been long the patient of a celebrated London accoucheur, who had been intimate with Denman, but who had overlooked the existence of the polypus, and would possibly, if informed of the measure adopted, deny its propriety. Dr. Henderson was the only medical man that the lady would, he believed, have allowed to be present; and she required no kind of constitutional treatment. With the exception of his own wife, this was the only patient at whose bedside he had met Dr. Henderson; and the case was one which did not involve, in any degree, any allopathic or homœopathic principle of treatment. But, even though in this Dr. S. did not countenance or intend to countenance the practice of homœopathy, he now believed he acted wrongly. With the views which he had latterly come to hold on the nature and character of the so-called practice of homœopathy, he conceived he had erred in even going thus far. So much had he felt this, that when, two years ago, he gave an account of the above, and some other cases of polypus, to the Society, and afterwards published that account in the Monthly Journal for January 1850, he stated always (in confirmation of the accuracy of his report, and in accordance with Denman's rule), the names of the other practitioners who had seen the cases with him, when others had been present; but, in the case alluded to, he omitted the name of Dr. Henderson, as he felt it was perhaps more than questionable whether he should have met him, at even a slight surgical proceeding, such as the above. The Society, he believed, would agree with him as to the fact, that the profession here, as elsewhere, were not fully awakened to the duty in this respect which they owed to themselves, and to the public, till comparatively lately. Even if Dr. Henderson's allegations were all true to a far greater extent, they only amounted to this, that the profession have hitherto been over-indulgent to him and his heresy,—believing, as most of his old medical friends did, that the delusion could only be at most but a temporary one on his part. But because they had been considerate and tolerant to him in

times past—and a few men taking up such a heretical position as he had done, had ever met with greater consideration and tolerance—this was no reason why they should continue to extend to him their hopeless kindness for the future. And for one, Dr. S. rejoiced that the colleges had taken up the subject, and set the matter on its right footing, by making the question of meeting homœopaths not a question longer left to the responsibility and importunities of individuals, but a question which the profession had fixed and settled in their corporate capacity. The resolutions of the Colleges, would, he believed, be doubly useful by not only determining for the future the proper line of duty of the profession towards homœopaths, but by showing also to the homœopaths their exact position in relation to the profession. About all the fellows of our two Colleges of Physicians and Surgeons belong to the Medico-Chirurgical Society; and in their capacity as fellows of their respective Colleges, have already unanimously approved of the resolutions of the colleges regarding the propriety of excluding homœopaths from our professional communion. Most, if not all, of the members of the Medico-Chirurgical Society who do not happen to be fellows of either of the Colleges, hold, I believe, the same views. In requesting, therefore, the practitioners of homœopathy to withdraw themselves from us, the Medico-Chirurgical Society is merely, so far, carrying into practical effect the resolutions of the Colleges on this same subject. And most of the members are probably aware that while very strong legal doubts exist as to public chartered corporations, like the two Colleges, having the power of exercising this right, fortunately, any private unchartered Society, like the Medico-Chirurgical, need fear no legal obstacle in enforcing their judgment. In passing therefore—and it is to be hoped, unanimately—such a motion as that proposed by Mr. Syme, we, the members of the Medico-Chirurgical Society, show our anxiety and desire to be rid of the professional presence of homœopaths in all our institutions, by showing them our determination to be rid of them in those places from which we have an undoubted right of enforcing their exclusion. Every proper feeling of respect for ourselves, and every proper feeling of regard for the advancement of the great science which we cultivate, seems now to call upon us for this disagreeable step. For years past they have been allowed, and almost without gainsay or resistance on our part, to hold up to the lay public all the best acknowledged principles of our medical philosophy and practice—principles that have stood the test of thousands of years,—as delusions and errors. And they cannot surely deem us either rash or severe in our proceedings, if slowly, but at last, we turn round and ask them, as we do to-night, to remove themselves from amongst men whose opinions they systematically affect to deride and decry. Nay, what good can they themselves derive from pertinaciously adhering to a Society like ours, composed of professional men banded together with the view of cultivating medical science in a mode and on principles which they at our time professed to honor, but which they now profess to repudiate? As Mr. Symes properly observed, they have in fact already all but separated from our Society, inasmuch as they have alienated themselves from our Society and College meetings and discussions, as if ashamed of the very step which they had taken. When we ask them to retire from our Society, as Mr. Syme's motion proposes, we ask them merely to sever entirely a tie which they have already virtually broken. Dr. Simpson further argued for the propriety of this motion on another ground—viz., that the presence of homœopaths at our Society, even if they did come to our meetings, was not at all calculated to promote that principal and leading object of the Medico-Chirurgical Society,—the cultivation and advancement of medical science and knowledge. For he held that no man, or set of men, could in any degree aid in effecting this object, who entertained principles such as those which form the basis of the homœopathic belief. We were so much justified in asking those who had taken up a belief in the follies of Hahnemann and his Organon to withdraw from our Society, as a Christian congregation would be justified in expelling those of its members who came to believe in the follies of Joe

dip in the pretended dilutions. And as far as regarded the patient and the disease, it mattered nothing what globule was given—whether one of charcoal or arsenic. They were both so diluted as, of course, to be entirely inefficacious; and all the drugs and globules in a homœopathic medicine-box being rendered equally null and innocuous by their previous reduction, any one of them could readily and successfully replace any other. Early in the history of homœopathy in Edinburgh, Dr. Simpson had witnessed a circumstance proving, if any proof were required in such an instance, that all homœopathic globules act alike,—that any one may replace any other in their list; and that it is the belief with which the drug is taken, and not the infinitesimal drug itself, which produces the effect ascribed to it.

Some eight or ten years ago, an old schoolmate of Dr. Simpson, having begun business as a homœopathic druggist in Liverpool, kindly sent Dr. S. a present of a small box of homœopathic medicines; and a very beautiful painted box it was. During the time it was in Dr. S.'s possession, he put it only to one use, viz., he gave it as an occasional plaything to his eldest son, who was then a child. The boy, revelling in his permitted amount of mischief, used in his sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass. Of course, this had speedily the effect of altering and disarranging the contents of the entire liliputian drug-shop; the globules pertaining to the different bottles were more or less thoroughly mixed together; and sometimes when the child was tired of his occupation, others at last refilled the bottles from the general heap. A professional brother happening to call at Dr. S.'s house one day when Dr. S. was absent from home, saw the box, and put it in his pocket. Many weeks afterwards, the new proprietor of the box met Dr. S., and told him that he had been trying to practise homœopathically, at which Dr. S. expressed his regret; and he added that he had seen some wonderful effects and cures from using the drugs contained in Dr. S.'s own former homœopathic box! Wrongly perhaps, as Dr. S. now thinks, he did not at the time, tell this physician that the globules of the bottles which he had been using were elaborately commixed; but the whole struck him as so good a joke at the moment, that he thought he would reserve it to bring it out upon his friend on some future and more ripe occasion, for the purpose of laughing him out of his homœopathic delusion. But unfortunately, matters hastened rapidly on, the physician became more and more a homœopathist, and then it became too serious a matter to joke about, when he actually published a list of supposed homœopathic cures. The whole thing assumed so grave an aspect, that he never mentioned it until the physician, who had appropriated the box, had become far too hardened in his homœopathic practices to allow of any hope of his reversion. From the time that the physician in question mentioned the results of using the box, till within the last few months, he and Dr. S. never spoke on the subject of either the box or homœopathy. But the conversation turning on this last occasion upon the box, he remarked to Dr. S., that Dr. S. had no right to say, as he had heard reported, that it was the use of Dr. S.'s commixed box of medicines that had converted him to homœopathy; because, as he added, he had another box of homœopathic drugs at the time he began, and Dr. S. had no power of knowing that it was not this other box that he had employed. Dr. S., of course, confessed that he had no means of knowing that it was Dr. S.'s former box which he had employed, excepting this, that previously he had distinctly and deliberately told Dr. S. that it was Dr. S.'s old box that he had used, and the results of which had effected the change in him at the time of the first conversation. And Dr. S. felt sure of one other circumstance, namely, that if that physician, or any other homœopathist, would use homœopathic boxes equally commixed as that which Dr. S. once possessed, they would get results just as good as they would obtain from the supposed non-mixed globules. There is a homœopathic hospital now in London. If the physicians of it will take twenty or thirty boxes of homœopathic drugs, and allow any one to commix the contents of a few of them, and to furnish others

with nothing but sugar and milk globules, they would find it, he believed, utterly and totally impossible, after trials of weeks or months to point out the medicated from the non-medicated boxes and those whose contents were thoroughly mixed, from those whose contents were all in due form and order. And he felt assured that the Society and the medical profession would join him in his sincere conviction and belief, that such an experiment was not in the least degree objectionable, in as far as the good and safety of the patients of the homœopathic hospital were concerned. For whether the drugged or undrugged globules were exhibited, one and the same result would follow, viz., that the diseases of the patients would, under either mode of management, be allowed to go on uncontrolled and uninfluenced to their own natural termination. Fortunately for such an issue and negative practice as homœopathy, most diseases, even acute inflammation of the lungs, &c. did, in a large proportion of cases, tend ultimately towards a successful and happy termination, through the spontaneous and unaided efforts of nature alone; and the swallowing of a few infinitesimal globules of any kind would not alter in any degree this result. But Dr. S. feared that if he spoke longer he might fall into the error spoken of by Mr. Syme,—viz., the error of discussing the merits, or rather demerits, of homœopathy; while the Society were met, not for this purpose, but for the purpose of expressing their judgment in regard merely to the propriety of practitioners of homœopathy withdrawing from the Society. There was another class of practitioners who ought, he thought, certainly to be included in the category of those whose names should be removed from the list of members. He alluded to such practitioners as were not simple-minded, but sincere homœopathists, but acted as allopathists,—who doctored people as people themselves wished, either with drachms of drugs, or billious of a grain of the same; who wished to be considered homœopathists, but, as had been often detected, drugged their globules and tinctures with active doses of the most powerful medicines; who spread out the snare of homœopathy as a golden man-trap to catch credulous and trusting patients, and afterwards either openly or surreptitiously applied to them all the usual means employed in the armamentarium of rational medicine. Some men pretended they could honestly and honourably mix up the two practices. Most physicians naturally doubted whether any man could in honor and honesty combine such incompatible incongruities. Neither, any true homœopath nor any true allopath would give this spurious set credit for their integrity of purpose and principle. If any such were members of the Society, let them certainly and undoubtedly be requested to retire. Their conduct was the conduct of the poor Swiss clergyman, who, living in a district partly of Romanists and partly of Protestants, thought it no discredit to eke out his living by preaching a strong Romanist sermon to the Romanists in the forenoon, and a strong Protestant sermon to the Protestants in the afternoon. He repeated, that he hoped and understood that Mr. Syme's motion included this hybrid and equivocal class of practitioners.

Mr. Syme begged to ask who the practitioner was that had been converted to homœopathy, by watching the effects of the globules contained in Dr. Simpson's mixed homœopathic drug-box; and he hoped for the sake of the profession in Edinburgh, Dr. S. would have no objections to mentioning the practitioner's name.

Dr. Simpson said that the practitioner alluded to was Professor Henderson.

The motion was carried unanimously.

Questions on Anatomy.

Continued.

BONES OF THE FACE.

What bones belong to the face?

There are fourteen bones in the face proper, exclusive of the teeth and os hyoides or bone at the root of the tongue. They are 2 ossa nasi, 2 ossa malarum, 2

ossa lacrymalia, 2 ossa maxillaria superiora, 1 os maxillaria inferiora, 2 ossa palatina, 2 ossa tarbinata, and 1 vomer.

Describe these bones in order?

The 2 *nasal* bones are situated at the arch or bridge of the nose.

The 2 *malar*, or cheek bones, are nearly quadrangular in shape, having numerous processes connecting them to adjacent bones, and furnishing attachments to muscles. On each side of the face it forms part of the orbit, as well as the prominence of the cheek, and by its connection with the zygomatic process of the temporal bone it protects the temporal muscles.

The *lacrymal* bone, or *os unguis*, is found at the anterior and inner edge of the orbit of each eye, and resembles a finger-nail; it has a groove which holds the lacrymal sac and is united to the frontal, cethmoid and maxillary bone by the lacrymal sutures.

The *upper jaw* is composed of two symmetrical bones, is very irregular, and has numerous processes, called the *alveolar*, *palatine*, *spinous*, *nasal*, *bulbous*, *orbital*, and *malar* processes. It has also several depressions occupied by muscles, and 4 foramina transmitting vessels, nerves, &c. viz.: the *infra-orbitary*, *incisivum*, *spheno*, *maxillary*, and *palatine*. There is also the opening into the antrum, or maxillary sinus between the turbinated bones. The teeth are inverted in sockets found upon its lower border. This bone forms part of the orbit, nose, and palate.

The *lower jaw-bone* is placed at the lower part of the face, and has been divided into the chin, sides, angles and rami. Its chief processes are the *condyloid* and *convonoid*, the former articulating with the glenoid cavity of the temporal bone, and the latter furnishing attachment to the temporal muscles. But there are numerous other elevations and also depressions upon this bone to which other muscles are connected. Two foramina are observed on each side, the *mental* foramen anteriorly, and a posterior opening connected with it, through which vessels and nerves pass. In the foetal state it is divided at the chin or symphysis, and as in the upper jaw the rudiments of the first teeth may be detected.

The *palate* bones occupy the posterior part of the orbit, nares, and palate, and are divided into 4 portions called the *palatine*, *pterygoid*, *nasal*, and *orbital* processes, some of which have other sub-processes. Though small bones, their peculiarities are numerous, and their use important.

The inferior *turbinated* bones are on the inner side of the nostrils, and are joined to the lacrymal, maxillary, and palate bones, and contributes to form the antrum and lacrymal duct.

The vomer forms the partition or septum of the nostrils posteriorly.

OF THE TEETH.

What is the number of the teeth in an adult?

Thirty-two; and they are divided into 8 incisores,

4 canine, and 20 molares. The two anterior molares on each side of both jaws are called *bicuspid*; and the posterior ones on each side of both jaws are called *dentes sapientie*.

In the foetal state when are the pulps of the teeth first discernible?

About the 4th month, and ossification in them commences at the 8th month.

How many teeth compose the first set?

Twenty; viz.: 8 incisive, 4 canini, and 8 molares.

What is the age during which dentition is in progress?

From 6 months to 2 years in ordinary, and at about 7 years the first teeth begin to shed, a process which usually ends at 14. The *dentes sapientie* however do not appear until several years after.

Are the teeth inserted into the jaw-bones?

They are not; but into the alveolar or bony process which is found upon the jaws simultaneously with the teeth, and disappears in advanced age when the teeth are lost.

OS HYOIDES.

Where is this bone situated, and what is peculiar about it?

At the root of the tongue and above the larynx; and forms a point of attachment for membranes, ligaments, and muscles, belonging to the tongue, epiglottis, and thyroid cartilage. It is connected by ligaments to the styloid processes and thyroid cartilage, and renders important service in speech and deglutition.

To be Continued.

New Publications.

A TREATISE ON THE DISEASES OF THE CHEST. By John A. Swett, M. D. New-York, D. Appleton & Co 1852.

This volume contains a revision of the lectures delivered by the author in the New-York Hospital, some ten years since, and then published in the New-York *Lancet*. They are now republished in this permanent form, improved by the experience enjoyed by the author since in public and private practice. As an elaborate digest of the present state of knowledge on this very important and intricate subject, coming as it does from a highly reputable practitioner, and an able clinical teacher, the profession will find it a safe and useful guide in the pathology and therapeutics of every variety, of thoracic disease. In these degenerate days it is humiliating to express the apprehension that it may be undervalued by many because it is an *American* production, and lacks a foreign imprimatur. We confess to a preference for American authors, especially when, as in this case, they excel in real merit any imported work on the same subject.

VELPEAU'S MIDWIFERY. Lindsay and Blackiston, Philadelphia.

This truly excellent and complete work as improved by Professor Meigs, and since by its great French author, whose latest additions are here translated by Dr. Page, of Philadelphia, has just appeared, being the fourth edition. In our estimation, it deserves to enjoy the pre-eminence among works of its class which has been awarded it very generally by the profession, and of which it is now more worthy. The engravings are the best we have seen.

RANKING'S HALF YEARLY ABSTRACT. This well known periodical is still published by Lindsay and Blackiston. The present number comes laden with more than its usual variety, and ought to be in every medical library.

THE MEAT BISCUIT,

OR

THE CONCENTRATED EXTRACT OF BEEF,
COMBINED WITH FLOUR,
Invented and Manufactured in Texas,
By **GAIL BORDEN, Jun.**

Secured by Patent in the United States and in England.

This new article, forms the most portable, convenient and useful diet, ever offered to the public. The "**Council Medal**" was awarded to the inventor at the **Great Exhibition** in London; thus showing the appreciation there had of its merits, after a most thorough examination by the distinguished **Jury**, and the analysis by **Dr. Lyon Playfair, F. R. S.** to whose report, reference may be made.

Dr. J. M. Bailey United States special Inspector of Drugs and Medicines, and **Dr. Joseph R. Chilton** Chemist of New-York, have also attested to the excellence of the Meat Biscuit.

The **Gold Medal** of the **American Institute**, has also been awarded "for this new and valuable article," as well as for "**Pure Beef Lard**" produced in its manufacture. The Meat Biscuit is eminently adapted

For Travellers by sea and land.

For the Marine Service generally. The health of seamen would be preserved, and their comfort increased by the use of it. Having the quality of meat fresh from the slaughter, it would doubtless prove anti-scorbutic; and with the sailors' salt provision, would be of the utmost importance.

For Dispeptics, Invalids and Convalescents, it is peculiarly suitable, from its easy digestibility, and highly nutritious properties. It is entirely free from fat, salt or other condiment, or antiseptic whatever.

For Family use, and in all circumstances where fresh meat is wanted, the Meat Biscuit will be found most useful and economical.

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Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomet, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without "analysis," will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomet have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York *Express* newspaper, they say:

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From this it would seem that the chief difficulty was the unwillingness of buyers to pay the *price* of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

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Vol. III.

MARCH 1, 1852.

No. 5.

CONTENTS.

Manufacture of Doctors by Steam, ...	61	Preparatory Medical Schools, ...	64
COMMUNICATION:—Senex, ...	62	Physicians to Insurance Offices, ...	64
New Journal, ...	62	Incubation and Contagion of Scarlet Fever, ...	65
Typhus Fever, ...	63	NEW PUBLICATIONS, ...	65
University of New-York, ...	63	Monograph on Physical Diagnosis—Physical Exploration of the Heart, ...	66
College of Physicians and Surgeons, ...	64	"Demonstrative Midwifery" in New-York, ...	69
Patent Spring Linctet, ...	64	The Way Doctors are Made, ...	69

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NUMBER 14, FOR JANUARY, 1852.

CONTENTS.

Part I. Practical Medicine, Pathology and Therapeutics.	
Sec. 1. Diseases of the Nervous System, ...	8 articles.
2. " Respiratory Organs, ...	10 do.
3. " Circulatory System, ...	3 do.
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A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR A
FRESH WOUNDS, OLD FEVER OR OTHER,
OLD SORES OR ULCERS, FOR BURNS,
SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,
&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting A PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and (superceding the use of Poultices, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the Medicine, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

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H. T. KIERSTED,

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DR. McMUNN'S

ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headach,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, De-narcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone and thus in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all its salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substance for its all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensibility or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMunn, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed to the above, to A. B. & D. SANDS, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 5.

MARCH 1, 1852.

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Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *two dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

Manufacture of Doctors.

In this number we give place to an editorial from the Northern Lancet, on the railroad speed with which certain colleges, it is alleged, contrive to carry on the trade of teaching by steam, the students being expected to acquire knowledge by absorption. The precise source of complaint is but another fruit of the system which prevails at Buffalo and elsewhere, of employing itinerant professors, or peripatetic lecturers, who teach one department or another in different and distant schools. They are hence obliged to hurry through what they call a full course of lectures, in from six to eight weeks, and then hasten off to some other railroad station, where the class of some other college is waiting to be crammed with knowledge, at an equal ratio of speed. Hence it is becoming fashionable for these Aristotelian philosophers to fill from two to half a dozen professorships in as many colleges, so called; flying from one to the

other, often hundreds of miles apart, as fast as steam and locomotives can carry them. All this is to cheapen medical education.

This rotten borough system seems to have been of Yankee origin, and was introduced by our venerable friend, Ex-Lieut. Gov. Childs, of Massachusetts, who has the faculty of lecturing on each of the departments *ad libitum*, and can “shoot flying” as well as when at rest, and hence could literally teach “general principles” in a six weeks course. He is said to have held out for many years in sustaining his multiple-professorships, but his imitators and successors seem to be less successful. It has been suggested, however, that if an itinerant college were organized on board of one of our giant steamers, or huge cars, attached to a mighty locomotive, doctors might be turned out from the raw material, during a trip to California, or a journey upon one of our long railroads, thus teaching by land and water, and, in both instances, by steam. Moreover, the present race of itinerant professors, might retain their numerous chairs, and by abbreviating their courses a little more in each, they might lecture on shipboard in the spring, and in the fall take a chair ashore, in these itinerant colleges. This would expedite the process, and render the supply of doctors by and by equivalent to the demand. In the dearth of timber to make professors out of, which is the true reason of “buckling so many honors on the backs” of these industrious peripatetics, they must “needs wear them.”

The article from our contemporary, however, is aimed at the Buffalo College, and we insert it, together with the following letter from a medical correspondent of that city, who wishes to be heard in reply. To render this latter intelligible to our readers, we publish the editorial complained of, so that both sides may be heard. Our own observations prefixed are intended to be of a general character.

Letter from Buffalo.

My dear Doctor,—You will have noticed quite a savage attack in the “Northern Lancet” on the Buffalo School, arising, I suppose, from some private pique.

Now, the article does the School great injustice. The facts are these:—Dr. Palmer lectures 8 weeks, 11 lectures per week, making 88 lectures, on Anatomy; Prof. Dalton lectures on Physiology from the 1st Oct. to the 25th Feb. and demonstrates to the class, in sec-

tions, all the tissues, blood globules, circulation of the blood, etc. with his powerful microscopes, in short, giving a *complete* course of Microscopic Anatomy; Dr. Lord gives a course on Anatomy also, during the preliminary term, and *all* the students are required to take the Dissecting Ticket. We have never lacked an abundance of anatomical material. Our city Schools have 5 lectures per week on Anatomy for 14 weeks, (none from Christmas to New-Years, nor the last week.)

We have a hospital of over 100 beds, generally full, where Clinical Medicine and Surgery are systematically and efficiently taught by Professors Flint and Hamilton, and where most students attend, at \$5, Hospital Ticket. I know no better hospital advantages anywhere. Dr. Lee gives the same number of lectures as Dr. Palmer.

You can judge whether the attack is deserved. I write to put you in possession of the facts. The truth is, our Faculty have heretofore been blamed for *demonstrating and teaching too much*. They have tried, this year, to hit about the medium, but it seems they cannot satisfy all. Perhaps there is no use trying. I, however, believe the teaching here is as complete as any school.

FAIR PLAY.

Feb. 18th, 1852.

Communications.

For the Medical Gazette.

Sir,—In your last paper, you make a just reference to the introduction of "Demonstrative Midwifery" into the clinique of the University school; and this, after the well merited condemnation of such "indecent exposures" by the American Medical Association at its late session, must be regarded as a wanton contempt toward the profession.

But my object in writing this note is to protest against this innovation upon medical teaching being foisted upon the public as of Parisian origin. The exhibition of cases of *Procidencia Uteri* to the gaze of 2 or 300 students, upon the operating table of a public lecture room or clinique, has never been made, nor would it be tolerated in any one of the French Medical Schools. Such demonstrations even in Paris are only made in the hospitals, and tickets are issued limiting the numbers admitted.

But even if it were true, that such utter disregard to propriety and delicacy could be found in France, the universal voice of the profession, and the medical press in this country, as called forth by a recent experiment at Buffalo, should have admonished every school that so offensive, and unnecessary exposures as those named would not escape the censure of that portion of the medical press, which retains any regard to the morale of the profession, or the promulgated judgment of the National Association.

To the Colleges and Schools, we have heretofore looked for such instruction and training in the Obstetric

department, as should prepare the young men to enter upon their duties in practice, with a degree of respect and reverence for their female patients, of however humble station, which should protect them from any humiliating or indelicate exposure of their persons, even when the ordinary manual or instrumental operations are demanded. Who among the physicians educated in the days of James, Dewees, Francis, or Delafield can have forgotten with how much pains we were taught how to catheterize, and manipulate whenever necessary by the touch alone; and how much importance was justly attached to the avoidance of any exposure to the eye, except when absolutely indispensable in some rare emergency, even in the difficult proceedings incident to actual Obstetrics? These lessons were enforced as professional duty, apart from the dictates of policy, for the success of practitioners in this department, among noble and right-minded women, has ever been owing to the high appreciation such women entertain of the tender and scrupulous delicacy observed by their medical attendant in the lying in chamber, and to whom their gratitude becomes often a perennial spring coeval with life.

It is for lack of such teachers, and such practitioners that the popular outcry is now so extensively for Female Doctors, and schools are multiplying for the avowed purpose of transferring obstetrical practice to the other sex.

SENEC.

New Journal.

We are in the receipt of the first number of a new Journal in the German language, which for reasons heretofore given, we commend to the savans of the N. Y. Pathological Society, who sadly need to acquaint themselves with its contents. We had to revive our own Dutch, before we could translate the title page. It is entitled *New-Yorker Medicinische Monatsschrift*, &c. and is to be conducted by Drs. Herzka, Krackowiser and Roth, who are learned and able men, who will be respected and patronized by our numerous German physicians.

A treatise on the Anatomy, Physiology and Diseases of the Human Ear. By JAMES BRYAN, M. D. Professor, &c. Philadelphia, 1852.

A neat volume, on this intricate and difficult subject, has long been a desideratum, for there is no class of diseases so imperfectly understood by the profession at large, or so unsuccessfully and mischievously treated, as are those of the human ear. The most disastrous results have followed the use of the variety of quack nostrums, vaunted indiscriminately as cures for deafness, while the professed Aurists who are itinerating through the country, and heralding themselves in this speciality are for the most part arrant mountebanks and unscrupulous knave. Dr. Bryan will receive the thanks of many physicians, and deserve those of their patients, wherever his book is read, and his practical discriminations are regarded. We take pleasure in recommending it to our readers, as a concise and useful manual on the subject.

Typhus Fever.

The prevalence and mortality of Typhus or Ship Fever in our hospitals of late, and the recent outbreak of this form of disease in the city, are beginning to awaken public attention, and call forth the notice of the public press. The Commissioners of Emigration have been censured for crowding such multitudes of men, women, and children into their temporary lodging houses, and especially for locating these in low and filthy parts of our city, amid a dense population. While the Health Officer has been complained of for allowing so many emigrants to enter the city, bringing with them from on ship-board, the predisposition to Typhus, which is soon developed in our midst.

The whole subject is encompassed with difficulties which ought to be weighed by those who obtrude their comments, or bestow their censures. We are not among those who dread the importation of this fever, from the apprehension that it is propagated by contagion from the sick to the well, in a pure atmosphere, as the Small Pox is. But it is precisely for the reason that a pure atmosphere, with ample ventilation, cannot be provided for the throngs of emigrants daily landed on our shores, either in the existing hospitals, or in any buildings which the Commissioners can procure for the purpose, within the densely peopled portions of our city, that Typhus Fever is developed in the predisposed soon after landing, and also spreads among the healthy, who are compelled to breathe the same air, and thus expose themselves to the infection. The numerous deaths among physicians, policemen, and others who are brought into contact with the sick, and which bear but a small proportion to the whole number suffering from fever thus contracted, since very many of these recover, all demonstrate that, theory apart, the disease is communicable not only in the houses and rooms occupied by the emigrants as lodging places, but that the atmosphere of the neighborhoods where they are located partakes of the infection and multiplies its victims. And hence the safety of the public health demands that other and better accommodations should be provided, and if possible at points remote from our dense population, for the crowds of emigrants who are temporarily thrown upon the Commissioners. For the sick, there should be *Fever Hospitals*, out of the city proper, and yet nearer than Ward's Island, to which they should be removed early in the disease, and thus separated from the well. This would serve not only to protect the healthy, but afford the sick a probability of recovery, such as humanity demands, but which is denied them if left in the crowded, filthy, and ill-ventilated apartments in which they too often sicken and die, while perilling the lives of all who minister to their wants, or reside in their vicinity.

The sad mortality which daily greets our ears should certainly prompt to wise and energetic measures in behalf of the sufferers, and for the protection of the health of the city, which is fearfully endangered as matters are now conducted. It is easier to see and

deplore the evil, than to indicate a feasible and adequate remedy. The subject will be pursued in another article.

University of New-York.

In our last number, we acquainted our readers with the changes projected in the Medical Faculty of this school. As they were not then consummated much less promulgated, we distinctly ascribed the details named, to "gossip among medical circles," to "rumors now afloat," and we were careful to add to certain items, "all this on the authority of rumor."

Our object was to keep our distant readers informed of the medical news, in anticipation of those distant journals, to which similar movements in this school have been heretofore sent, before the medical press of our own city were placed in possession of the facts; whence they have been transferred to our secular papers, when we have been expected to copy them. Hence we chose to be the first to herald the return of Dr. Mott to the school, which he had done so much to found and sustain in former years; and to hail his recall as an omen of its resuscitation, and this so soon as we had ascertained that the "floating rumors," had foundation.

Since then we find it proclaimed "by authority," in the Commercial Advertiser of this city, that two of the items named by us, as accompanying "rumors," are "*incorrect*," viz.: that the chair of Surgery is not divided,—and that Dr. Goddard was not sought for the chair of anatomy, before it was given to Dr. Van Buren.

In vindication of the entire accuracy of our article it might suffice to repeat as we did four several times, that such were the "rumors" in the city, since this fact can neither be denied nor gainsayed, having reached us from several sources, both professional and professorial. But in reference to the accuracy of our statement that the department of Surgery was *divided*, we submit the facts by their own showing as proof that we were correct. Dr. Post holds his chair, entitled the principles and practice of Surgery; and Dr. Mott is "Emeritus Professor of Surgery, and Surgical Anatomy." We intended, and were so understood, only to imply, that there were to be henceforth two professors of Surgery in the school, with a *division of the fees*, which was the all important division of the department, to which we referred. And on inquiry we learn that such is the fact, for there are now *seven* chairs, two of them in the Surgical department, and the *fees* are to be equally divided all round. We maintain therefore that we have fully made out the case, and our article in this respect was strictly accurate. And we again congratulate Dr. Mott on the *material* improvement in his *Emeritus* Professorship, contrasted with the *unproductive* one he has lately held in the other college.

Our reference to Dr. Post has been strangely perverted if any thing in our article was understood to imply that his relations to the college were affected by

the change. Our estimate of his worth, has been heretofore expressed in terms, nor should we have been silent had his position been deteriorated, in any new arrangements entertained by his colleagues.

Our allusion to Dr. Goddard as stated, was on the authority of rumor, circulating here and elsewhere ever since the vacancy occurred; and our object was merely to point to the error in the policy of this New-York school, in seeking professors from abroad. During their short history no less than six gentlemen have been called to chairs in that school from a distance, overlooking as we allege the just pretensions of gentlemen here. In our former article we expressed our views strongly on this subject, and trust that the day of such folly is passed away. But we reaffirm that current and prevalent rumors, circulating too in immediate connection with the school, had led the friends of Dr. G. to expect his appointment, and the only objection expressed by any body was, to another professor being brought here from Philadelphia, over the heads of others equally worthy and capable here. The appointment of Dr. Van Buren however, has settled that question, and with the return of Dr. Mott, the University school has now nothing to do, but go on and prosper. We sincerely wish that it may exceed its former self, and have henceforth a career of augmented success.

College of Physicians and Surgeons.

We hear with much pleasure, that this venerable institution has created a new professorship of Dental Medicine and Surgery, which we understand is to be filled by Dr. TRENOR of this city, a gentleman of high professional reputation, and accomplished scholarship. His late article in the N. Y. Journal on the education of Dentists, does him infinite credit, by the just and discriminating views he advocates, and the evidence it affords of a thorough knowledge of what is needed in his department of the profession. This appointment will confer honor and advantage upon the college, nor can it fail to increase the number of the classes hereafter, by adding the numerous students of Dentistry in this region, where there is no Dental College.

Patent Spring Lancet.

A new and useful modification of that ancient implement of a medical pocket-case, the Spring Lancet, was invented and patented by the late Dr. J. H. Johnson, of St. Louis, Missouri. His widow is now in New-York, and is desirous of obtaining the patronage of the profession for the purpose of aiding in her maintenance. We bespeak for this estimable lady the kindly sympathy of the fraternity, who will find the instrument which will be shown by her to be ingenious and meritorious.

Preparatory Medical Schools

Are multiplying, as also spring and summer courses of lectures, so that students who are desirous to excel in

their qualifications to enter upon the practice of their profession, reputably and successfully, have ample opportunity to employ the entire year under what will be equivalent to collegiate instruction.

We have already mentioned the preparatory school of Dr. Ramsay, of Tennessee. Another has been founded at Charleston, S. C., by Drs. Cain, Porcher, Miles, and Flagg, who have ample clinical opportunities for students, and provide for examinations throughout the year.

Spring courses of lectures are projected by a number of the colleges, in various parts of the country, viz.: New-York, Philadelphia, Lexington, Ky., Geneva, Castleton, &c. See the announcement in our columns of the Philadelphia College of Medicine, &c. An extended course is also projected in the N. Y. Hospital, as well as in the N. Y. University, in 14th-street.

Physicians to Insurance Offices.

The N. H. Journal of Medicine reports the following list of questions, to which satisfactory answers should be given, by the medical officers of Insurance Companies:

1. What is the height, figure, weight, temperament, general appearance, and habits of life of the applicant?
2. Whether any residence in the Southern, Western, or Foreign climates, and if so, what effect was produced on the constitution and health?
3. Whether any affection or disease of the head, externally or internally, or predisposition thereto?
4. Whether Paralysis, Tremors, Cramp, or Catchings in any part of the system, or nervous affections of any kind?
5. What is the Stethoscopic character of respiration? Is it full, easy, gentle and regular, or is it otherwise? Is the respiratory murmur full and healthy, and to be heard over both lungs, or otherwise?
6. Rate and other qualities of the pulse? Ratio between respiration and pulsation? Does percussion or auscultation indicate disease in any part of the viscera of the chest.
7. Whether cough, occasional or habitual? or expectoration? or occasional or uniform difficulty in breathing? or palpitation?
8. What is the Stethoscopic character of the heart's action? Is it uniform, free and unobstructed, or is it irregular, violent, and the rhythm unsteady?
9. Does auscultation indicate enlargement, ossification, or disease of the heart, or of its valves, of any kind?
10. Whether abdominal disease, externally or internally? Whether any of the abdominal viscera are diseased, or have been?
11. Whether the Party has ever suffered from mechanical injury, or disease of any kind?
12. Whether the Party's parents are living, and if not, of what disease did they die, and at what age?

13. Whether any hereditary diseases in the family, and if so, what are they?

The same Journal intimates that still other inquiries as to the existence of latent diseases are important in order to render the risk of a life insurance safe. There is very great laxity in this department.

Incubation and Contagion of Scarlet Fever.

A paper on this subject, by Dr. A. Clark, is published in the last number of the Medical Times, which is entitled "facts" by a misnomer; for in the language of one of the highest medical authorities, "ninety-nine in a hundred of medical facts, are *false facts*;" and especially when furnished by mere theorists who do not feel a pulse in a month, or see a case of scarlet fever per annum.

There is not a single shadow of proof in this paper, at all proving the contagiousness of scarlet fever; for if such "facts" are worth any thing they might be cited every where, to establish the contagiousness of intermittent fever, or any other atmospheric epidemic; as every reader will perceive who can have the patience to read over the ridiculous particularity of detail to which Dr. Clark descends to make out a case, and places himself on having found a mare's nest. The Medical and Surgical Society before whom it was read, must be thankful for small favors, or their archives must be poor indeed to allow this paper to appear.

By way of contrast, we insert the following extract from Dr. Little's late essay, read before the College of Physicians at Philadelphia, and published in their transactions; and this in lieu of much that we intended to say, but must delay for the present.

"The opinions most generally entertained respecting scarlet fever are, that it arises either from a specific contagion, or the introduction into the system of other poisonous or morbid matter; the cause in both cases operating by depraving the blood, and producing, together with the eruption, the various local inflammations and congestions which are so frequently met with in its progress. The first hypothesis, however, fails to account not only for the epidemic prevalence of the disease, but also for the occurrence of sporadic cases, where there has been no exposure to any contagious influence; so that even if it were admitted that in some of its severer grades it might be propagated by contagion—of which doubts have been entertained by many judicious practitioners—we should still be removed as far as ever from any rational explanation of its original production. The cause operating in the individual first affected, and in all others between whom and such individual no communication, direct or indirect, can be traced, must evidently be something different from contagion. With regard to the alternative supposition—the introduction into the system of some poisonous or morbid matter other than contagion—it may be observed, in the first place, that we have no proof of its exis-

tence; secondly, that it involves the supposition of a distinct miasm for every exanthem; and, thirdly, that the phenomena of the disease can be more satisfactorily explained without resorting to such hypothesis, and it is unphilosophical to multiply agencies for the causation of the same result."

New Publications.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS OF PHILADELPHIA. Lippincott, Grambo & Co. 1852.

The quarterly summary just published, will be found to possess very great interest to medical readers, and we shall have occasion to refer to its contents hereafter.

From an able biographical notice it contains of the late eminent Dr. Hartshorne, we extract the following discriminating statement, which we commend to the notice of the tribe of semi-homœopaths of the profession. It is a type of that class of physicians, whose success like that of Dr. Hartshorne, is the source of their reputation. No man can safely be entrusted with the treatment of acute disease, who does not employ bloodletting, or who does not know how, and when and why, this remedial agency is necessary and useful.

"He was a decided and strong advocate for the use of the lancet; not resorting to it, however, empirically, without reference to the existing state of the constitution, and of the various organs of the body, but always with precise views in its application, and having a distinct and satisfactory reason for its use. He was aware of there being an impression abroad that he had, from habit, carried the use of this powerful remedial agent too far; but, after renewed consideration of the subject in all its bearings, his convictions of the correctness of the course he had pursued were confirmed; and in a conversation held with the writer, a short time previous to the commencement of his last illness, he remarked that, upon a careful review of his extensive practice, he could recall no single case that caused him any regret for having bled in it too freely, but there were many in which he feared he had erred either by not bleeding in them at all, or having deferred it until it was too late."

OUTLINES OF THE ARTERIES. By John Neill, M. D. Philadelphia, Barrington & Haswell, 1852.

The second edition of this work, so useful to students in their pursuits of practical anatomy has just appeared, and is now rendered still more worthy of patronage, by the improved plates, and excellent descriptions in the text. Dr. Neill has by his ardor and industry contributed largely to the advancement of medical education.

MENDENHALL'S STUDENT'S VADE MECUM. Philadelphia, Lindsay and Blackiston, Philadelphia, 1852.

The issue of the third edition is the best evidence of the popularity of this compendium, which treats briefly on all the topics connected directly with medical science. The compilation has been judiciously made, and is here much improved by recent additions, and abounds with engravings. Such books are better adapted for reference by advanced students than as elementary works for beginners.

REVIEW OF MATERIA MEDICA for the Use of Students. By John B. Biddle, M. D. Philadelphia, Lindsay and Blackiston, 1852.

The plan of this elementary work is good, and has been well executed throughout. It furnishes precisely that kind of knowledge on which the greatest degree of deficiency exists among students and young physicians, to whom this book affords very

desirable facilities. The information upon indigenous plants, &c. cannot fail to be useful. We warmly commend this publication.

BRAITHWAITE'S RETROSPECT. Part XXIV. New-York, Stringer and Townsend. January, 1852.

This valuable compend of practical Medicine and Surgery is a half-yearly journal which has, by its intrinsic merits, won its way to a wide popularity, and is sought for everywhere with avidity in view of its well chosen selections from every accessible source, and the ability with which it is conducted. The present number is behind no former one, and supplies a general index which will be most useful. We bespeak for the work the patronage it deserves.

LONDON LANCET. Republished monthly by Stringer and Townsend, New-York.

The last number of this highly prized periodical, introduces, a new feature, being original papers superadded to each number, and treating on important professional topics. The specimen furnished is the Lumbeian Lectures, for 1851, on the reciprocal agencies of mind and matter, by Dr. Badeley, and which will be worth the whole price of subscription.

Monograph on Physical Diagnosis.

BY A STUDENT.

(Continued from page 19, vol. 3.)

PHYSICAL EXPLORATION OF THE HEART.

The same importance attaches to acquiring familiarity with the healthy sounds of the heart, as with those of the lungs, in order to estimate accurately the physical signs in a morbid condition of the organ.

In a healthy individual the heart is directly behind the extremity of the sternum, and inclines a little to the left. The pericardium, though separate, is yet closely in contact with the muscular tissue of the heart, and does not increase its dimensions sensibly. The lungs are protruded before the heart, removing it from the cartilages of the ribs, and the space of the pericardium, not covered by the lungs is rarely more than an inch square, usually corresponding to the anterior surface of the left ventricle. Occasionally even this space is covered by the lungs in health, and always in emphysema. It is in this small space only that the heart is in contact with the walls of the chest, and it is here that it strikes forcibly against the cartilages of the ribs.

Percussion at this point yields a *dull sound* in health, because there is no lung, and therefore no air beneath it. This space is nearly triangular, not larger than a square inch, begins at the middle of the sternum but does not extend to the left nipple.

It is here that the *impulsion* of the heart is distinctly perceived by applying the hand, the ear, or the stethoscope, being more or less as the patient is corpulent or emaciated. It is increased by mental agitation, violent exercise, or fever. Rheumatism, chlorosis, hysteria, dyspepsia, and hypochondriasis are often accompanied by an increase of the impulsion of the heart, often amounting to palpitation.

Two distinct sounds are perceived by applying the ear or stethoscope to this præcordial region:—the first is produced by the muscular contraction of the left

ventricle, is loud and prolonged, the other, which is sharp and clacking, is now generally ascribed to the motion of the valves, although Laennec attributed it to the auricles, which it is now ascertained produce no sound. These sounds are seldom heard distinctly beyond the margin of the præcordial region in health, but in fever and other diseases when preternaturally excited, they may be heard over a greater extent of surface, without proving any organic affection to be present.

If the lungs are indurated, the sound of the heart may be a greater distance, being more readily conducted through the diseased than the healthy portion. It is important to remember this, else organic affections of the heart may else be suspected, in cases of indurated lungs.

The sounds of the heart are modified in character and tone by various functional disturbances of the heart, when suffering symptomatically. But the *bellows sound*, may be heard both in the systole and diastole of the heart in organic diseases of this viscus, and is a diagnosis of great value. It resembles the noise made by forcing a current of air steadily and rather quickly through the pipe of a large bellows. When this sound is permanent it may be relied on, but if only temporary, it may occur in diseases of which the cardiac affection is only secondary, and is present after losing much blood by hemorrhage.

The *rasping* sound during the systole of the heart, indicates diseases of the valves, and is much harsher and more hissing than the bellows sound, not unlike that made by a rasp.

These observations being remembered, will render you great assistance in discriminating diseases of the heart, and you will find in the books still more minute analyses of the sounds, by which an experienced auscultator may often decide the valves which are affected.

In hypertrophy or muscular enlargement of the heart physical signs are obvious.

The impulsion of the entire heart is felt so as to seem as though the end of the stethoscope was elevated by such pulsation. As valvular disease is almost always complicated in this case, as also dilatation of the ventricle, the bellows and rasping sounds are perceptible.

In aneurism of the thoracic aorta, a dull sound at the top of the sternum on percussion, with loud pulsation, and a single sound instead of the double as in health, are the physical signs. Without attention to these it is often confounded with other organic diseases of the heart.

The other varieties of cardiac lesions are not accurately discriminated by the physical signs, nor have we any means of diagnosis in some of them. Fortunately, however, we lose nothing, for they are for the most part insusceptible of improvement by any treatment.

Without pursuing this subject any further, suffer me now to caution you against too exclusive reliance

upon the physical signs, to the neglect of the rational symptoms, else we may be led into mischievous error. It is only by combining the practice of percussion and auscultation, with the faithful observation of symptoms, and by studying the results obtained from both sources, with due reference to the pathology of the disease, that we can secure an accurate diagnosis.

In the use of the stethoscope when the heart is the subject of examination, Laennec advises that the instrument be used entire, without moving the obturator, and for the impulsion of the heart it is best to do so. But for detecting the sounds of the heart, this plug should be removed, as in other cases. It is advisable in listening to the heart that the patient should suspend respiration for a few moments.

I pass now to a brief notice of the application of auscultation for other purposes than as a diagnosis in thoracic diseases. And first, as to the stethoscopic signs in the gravid uterus. In obscure cases this instrument will enable us to decide for or against the existence of pregnancy, as well as what is the position of the child and the point of placental attachment.

Two motions are perceived on applying the stethoscope over the gravid uterus on the abdominal walls, 1, fetal,—2, placental,—which must be discriminated from the motion produced by the mother's heart in other parts of the abdomen.

The fetal pulsations may be recognized about the 6th month, and may be heard over considerable extent when the fœtus is near the abdominal walls, and the quantity of the liquor amnii is large. They are double as frequent as the maternal, and not at all isochronous. The place where they may be heard varies, as the position of the fœtus changes, and sometimes cannot be felt for hours or days by reason of the folds of intestine being interposed between the uterus and abdominal parietes, and an excess of liquor amnii is found to hinder auscultation in some cases, so also a feeble mother is not a good subject for these physical signs.

The second, or placental sound, is arterial, is isochronous with the maternal pulse, has a bellows sound, and takes place at the point of attachment, and can only be heard here with distinctness. It is usually found on the side opposite to that, and its extent is limited to 3 or four inches. Unlike the other, however, when once found, it never changes place, and at the moment of separating the umbilical chord in parturition, this sound ceases, which decisively proves it to be placental. The same obstructions to detecting these sounds in certain cases may occur as in the other case. A double repetition of both sounds is present in the case of twins, but in all cases, a repetition of the auscultation should be made before deciding positively anything in relation to the gravid uterus, since the knowledge of these sounds is not so easily acquired as those of the thorax.

The stethoscope is also useful in detecting the cre-

pitus in fractured bones, and may be applied to the suspected bone, or the next bone articulated with it, or to the cranium, where the crepitus of a fractured thigh may be distinctly heard. So also is compound, or complicated or comminuted fracture, its use is often important, and especially in the fracture of those bones which are of difficult diagnosis.

Calculi in the bladder. These may be discovered infallibly by the stethoscope being applied above the pubis, or to the perineum or sacrum, while simple catheterism is employed. By its use we may be saved the mortification, disgrace, and crime of performing lithotomy, when no stone has been found, a blunder which has been often committed in the capitals of Europe, and has found imitators in America.

The stethoscope is also useful in a variety of other cases, in which there is often doubt, such as extraneous bodies in the ear, nasal fossæ, the pharynx, œsophagus rectum, and especially in gun-shot wounds. The sensation conveyed to the ear by a probe or sound, upon a bullet, splinter, point of a sword in deep wounds and near bones, or imbedded into their substance, if heard by the stethoscope, will be recognized much more readily than when conveyed to the hand by the probe alone. The state of the nasal and other cavities of the face as the antrum, frontal sinus, &c. may be thus heard by the resonance of the voice which has been called rhinophony. So also the permeability or obstruction of the enstachian tube in diseases of the ear may be thus ascertained, and in many other examples in which the ear and hand unite in guiding our investigations.

I have thus furnished you with an outline of what is important for you to know on the subject of physical exploration, percussion, and auscultation, this outline you are to fill up by reading the works of the eminent pathologists, who have elaborated the whole subject.

It is very common for physicians of reputation and experience to decry the stethoscope, and affect contempt for the whole science of auscultation. But though young men, and especially *old* practitioners, may be found, who express themselves in strong language against the use of the stethoscope, you will find on inquiry that they are ignorant of the whole subject, and reject the innovation at once, without investigating its claims. Some men are too wise to be instructed, too indolent to study, too old to learn, having arrived long since at perfection, and such there are in our profession. I admonish you, however, that you are not to fall into the opposite error, by employing and exhibiting the stethoscope on all occasions, or carrying it with you for constant use, as some men do, thus bringing the instrument and themselves into merited disrepute. In a majority of cases, the ear is better than the instrument, and when the rational symptoms give you the diagnosis as it will in most cases, auscultation should never be employed. It is adapted to obscure and difficult thoracic diseases, and in such it cannot be too highly estimated

I trust that you perceive in the bare synopsis which is all that I have been able to submit in this lecture, the interest you individually have in the diligent cultivation of this extensive subject. And I have labored to show you that there is no mysticism in it, no vague hypotheses, no appalling difficulties to deter you from approaching it.

You all know that the thorax is a cavity, surrounded by walls, which from their anatomical structure and physical conformation, adapt themselves to the office assigned them, and to the nature of the contents they enclose. The physical laws which govern the solids and fluids of the body, are the same, which are found to appertain to every other material of analogous structure and character, modified alone by the presence of animal life. Hence all that is taught in the doctrines of the physical signs, will be found rational and intelligible even in theory, while the rules laid down for their practical use are so plain and simple, that each of you may readily put them to the test for yourselves.

In reply to the various objections made against the study of diseases of the chest by percussion and auscultation, I will only say that there are no great difficulties in the way of acquiring the degree of knowledge of the subject, necessary to be practically useful. Indolence is no excuse for ignorance, and nothing but indolence is in the way. Nor are the difficulties represented to exist in the way of learning the different sounds, at all formidable in view of the accurate descriptions given of them by practical writers. You may not, however, acquire this kind of knowledge, but by diligent attention, study, and practice, and to become an accurate auscultator may require long and patient practice. Nor may you expect to equal in skill at diagnosis, Laennec, Andral, or Louis, without more opportunities for observation than will ever fall to your lot, nor without a lifetime devoted to the subject. Still, however, an amount of acquaintance with this whole subject may be readily obtained, which will be of invaluable importance to you in discriminating many obscure diseases for which we have no diagnostic means at all comparable in utility.

When you consider how large a portion of our race perish by consumption, or other thoracic diseases;—and when you remember that the science of medicine, highly cultivated as it is, by many of the most gifted minds of successive ages, has failed to indicate any adequate remedy for these diseases, when once they have fixed themselves upon the body, which is proved by their frightful fatality; you will surely hail with gratulation every valuable contribution to our knowledge on this dark subject.

It is true that in many cases percussion and auscultation only reveal organic lesions, and irreparable examples of morbid structure, which result in extinguishing all hope of remedy. But in various other examples, the very earliest inroads of morbid action may be detected by the physical signs. Inflammation, and its

termination in induration or effusion, tuberculous granulation or degenerations, and numerous functional disturbances, may be thus discovered, their extent and locality clearly ascertained in their incipient stages, when alone they are capable of being removed by remedial agencies. And this too when the true pathological state cannot otherwise be known. Surely no more ample evidence of their importance need be urged.

All incurable diseases, and there are many such, become so by neglect or mal-treatment in their forming state. The poet has said truly,

For want of *timely aid*,
Millions have died of medicable wounds.

This is eminently true of pulmonary and other thoracic diseases. If the first inroads of consumption were detected, and on the discovery of its earliest development, suitable regimen, and medication were adopted, and rigidly observed, it could be almost uniformly arrested while the disease is as yet local, and before the morbid habit had been formed. While it is now reduced to a sad certainty, that after this malady has progressed, until constitutional mischiefs are apparent, resulting from the extent of the local lesions; in this period, and science not only fails to arrest its fatal progress, but scarcely furnishes any means even of mitigating the patient's sufferings, or in any degree controlling its rapid overthrow of life.

By the physical signs then, if we can do no more, it is undeniable that we can detect a very slight alteration in the healthy structure of the lungs or their membranes, when no merely rational signs, deduced from the functional indications, would lead to the suspicion of thoracic disease. In every such instance the disease may be arrested, and suspended, if it be not cured, and in those cases of hereditary or other constitutional tendency to decline, and in which the local lesion detected is but a symptom of the general morbid habit, however, often this symptom may occur, its early discovery, will lead to the proper treatment for subduing it while yet it is within the reach of art, and thus human life may be prolonged by preventing the development of this morbid habit upon the vital organs, even when the habit itself may be incurable. As "life is only an extension of days at best," it is our paramount duty to acquire and employ every species of knowledge, which may enable us to relieve suffering and delay fatal results, when we cannot prevent them. Hence, then, if there were no other reason for laboring to acquaint yourselves with this subject, than that here mentioned, you would have the highest motives to give it your diligent attention.

I commend it to your future study and practice, and will barely say that the public will not be slow in discovering the merits of percussion and auscultation, as they are employed in diagnosis and prognosis by those physicians who keep pace with their profession. And the time is not remote, when to betray ignorance on this

subject will be fatal to the reputation of any practitioner, nor will an affected indifference to the physical signs, or a contemptuous sneer of ridicule at the stethoscope, or those who use it, cover up personal deficiency of knowledge, even on the part of old physicians. Such there are, both old and young, who boast that they can discover the true pathology of all diseases by the symptoms, or by intuition, or by the aid of that old granny yclept "experience," but the blunders of such cannot be concealed even from themselves. These are the doctors who also cure consumption, and all other incurable maladies by specifics; their opinions and their remedies are alike infallible; they may make money, but they never make character in the true sense of the word. They are too old or too wise to learn, and in either case they are not philosophers, and for his reason can never be physicians worthy the name.

"Demonstrative Midwifery" in New-York!

In still further confirmation of the intimations given in our late number, that the clinique of the N. Y. University was disgraced by indecent exposures, which called for the reprehension of the profession, we insert the following extract of another letter from New-York, which appears in the Northern Lancet. We hope our brethren of the medical press will speak out on this subject, for the course of Professor Bedford out-Herods any thing ever alleged against Professor White at Buffalo. The demonstration of which the latter was accused, and which has called forth the rebuke of the National Association was innocent, nay, laudable, when compared to the following, and yet vaunted as meritorious:

"Within the last three weeks there has been done in this City, what I have never known attempted in the United States before. Professor BEDFORD presented at his Obstetric Clinique several cases of *Procidentia Uteri* which were exhibited on the table to the Class. The actual cautery was also applied, in the presence of numerous students and several professional men, for a case of Vesico-vaginal Fistula. This demonstration seems to be verging very closely on the customs of the Medical Institutions of Paris; and for which, your friend, the worthy and talented Professor, deserves praise in having rendered practical and illustrative, things hitherto in obscurity for, or unattainable by, medical students."

(From the Northern Lancet.)

The Way Doctors are Made.

"Prof. PALMER.—The course on Anatomy, by Prof. PALMER, in the Medical College of Buffalo, for the present session, ended with the close of the last month. His lectures and demonstrations are clear, accurate, thorough, and are given in a manner to awaken enthusiasm in the mind of the student, secure his unremitting attention, and enforce the acquisition of anatomical knowledge. The minute anatomy of the viscera of the abdomen and thorax forms a prominent feature of Prof.

PALMER's course. This province of the study is too often overlooked, or passed over cursorily, by teachers and pupils, notwithstanding the researches of modern science have shown that an acquaintance with the elementary structure of the organs referred to is essential in order to understand physiological and pathological relations which possess great practical importance."—*Buffalo Medical Journal*, Jan. 1852, pp. 310-11.

"Of course so long as the granting of diplomas is a mere trade, and medical schools are but shops for their sale, the multiplicity of the shops begets a competition which lowers the terms and standard so as to attract the greater number of customers, and those who should be the guardians of the profession of medicine, send forth such representatives of it, as lead to the erroneous popular opinions of the nature of the science itself."—*Wood's Hints to the People upon the Profession of Medicine*, p. 43; (and strongly recommended by the *Faculty of the University of Buffalo*.)

The Reader is particularly requested to make a close examination and comparison of the above quotations. It is not without deep regret that, as a Journalist and well-wisher of our Profession, we feel called upon to make a few remarks, severe though they may be are none the less merited, upon a subject of vital interest, not only to the Profession but to the Community more directly—the QUACKERY of LECTURING as openly practiced by several Medical Schools, and the telegraphic dispatch with which young men are manufactured into M. D's.

On a former occasion (*LANCET* for Aug. 1851;) we took pleasure in congratulating the University of Buffalo upon the noble stand it had taken in the adoption of a plan for imparting a knowledge of Midwifery in the only manner in which it can be properly and profitably learnt—by the bed-side; and, little, indeed, did we think, that while such apparent incalculable advantages were offered to the student of acquiring practical Midwifery, that the far more important branch, the base upon which to erect the super-structure of medical and surgical success and usefulness—Anatomy, should be so "cursorily," aye, so shamefully driven through, as we are but too plainly led to infer by the above extract from Prof. FLINT's Journal.

Now for the proofs to substantiate our assertions:—The Lecture term was advertised to commence on the *first Wednesday* (the 5th) of November, and to continue *sixteen weeks*. Mark that: and now we are boastingly told that the course of Anatomy ended with the last of December. Less than two months, though the student paid and matriculated for a *full course of sixteen weeks*. Pray, what equivalent does the student receive for the amount paid for the last two months? Perchance, he is amused with lectures upon "subjects to be announced hereafter." But to the figures. Including Saturdays we have but 21 lecture days in November, and 26 in December, making the whole amount of lectures delivered during the session to be

47; and in the two *full* courses required to qualify for graduation, we have the enormous sum of *nine-six lectures!* Here are proofs—figures and dates, and from them what charitable estimate can we form of the anatomical qualifications of young men graduating after such a *full* course? But, with some charity, let us stretch our figures a little more, and suppose that two lectures on Anatomy are delivered daily, with the others expected to be given, making seven lectures in all, sundries excepted, every working day; divide the number of empty benches by that of the sleepy heads, and tell us the quotient. The little that may have been learnt by the morning lesson is most efficiently worked up, down, and in the middle by seasonings of Medicine, Surgery, Chemistry, Materia Medica, and Midwifery. What a pretty mess! And would not this amount of knowledge tend injuriously to “depress the duodenum into flandango,” and “to cause the olfactory ossificator to ferment and become identical with the pigmentum?”

With such facts before the public, we challenge any honest man to accuse us of *falsehood* and *slander* towards the Medical Schools. The University of Buffalo stands not alone in this predicament; but as the Editor of the Journal, and one of the ablest of the Faculty, has inconsiderately, though through commendable motives, let the cat out of the bag, our confrere must not be in the least surprized if on the animal's return home, he should find it in a good state for pathological investigation. Through a most respectable Journal we are made acquainted with the workings of a system—unfortunately but too general, and which has proved a CURSE to the Profession, and a BANE to Society.

Here, we are told an able and talented man has just completed a most satisfactory course of Anatomy in less than two months. Science is one thing; to know how to teach it, and to teach it efficiently is another, and to teach Anatomy in *forty-seven Lectures*, is, with due respect for our worthy confrere, downright nonsense. Would the members of any College, requiring but two months' course of Lectures on Anatomy, place sufficient confidence in 47-hour anatomists, to entrust them with the performance of the most trivial operation—the drudgery of surgical practice on any member of their household? Would they? NO. They know the majority to be unworthy of confidence, and incapable of discharging satisfactorily to the patient, or honorably to themselves, the every day duty of professional life.

And what is the inevitable result of the want of confidence of the Teachers in their students?—*Quackery*. The young man with his “sheepskin” in his pocket, perches in some village, and hangs out his shingle to the breeze of Fortune. It blows pretty hard sometimes; and the newly fledged Esculapian is not long in discovering that the clouds lower and a storm is a-head. A severe case presents itself, the young Doctor is called in, defeat and mortification attend every step. Without confidence in himself, without science to sustain it, he timidly blunders through a few cases, and

but too late finds his hopes disappointed, and himself thrust upon the world with no honest means of earning a fair name and a livelihood; he therefore resorts to any and every species of charlatanism to keep the breath of life in a hungry doctor's body. Nine-tenths of the hordes of quacks prowling through the land are graduates of respectable Schools, but having fooled away their time and money on the College benches, they become out-casts of the Profession, and are sneered at and abused by the very men who were instrumental in placing them in this degraded position. And with these facts before them, why will Schools, continue thus year after year, to foist upon the public men of whom they blush to call Alumni?—*Names—NUMBERS—MONEY* are the reason.

We speak not unadvisedly on the subject of Anatomical teaching. We have now before us the schedule of five courses of Lectures, of *six months* each, delivered in the School of Medicine of Montreal. Six regular, and two extra lectures were delivered weekly throughout the session, making a sum total of *one hundred and ninety-six* lectures for the course. And, can we, this day, say honestly that we did justice to our subject. We did not. We had no time to make “minute anatomy of the viscera of the thorax and abdomen, the prominent feature” of our course, they were dwelt upon a reasonable time, in order that we could devote proper attention to the study of what might be called into requisition at some future day—the anatomy of the neck, extremities, and such other parts of the body as are likely to become the seat of surgical manipulations. Such were the prominent features of our course, and such should they always be to become profitable to the student. If, therefore, anatomy cannot be fully, clearly, and thoroughly taught in a six-months' course, how can it in two months? We pause for an answer.

It is somewhat surprising that Dr. Wood's *Hints*, in which he gives such severe *hits* to Medical Schools, should come out so strongly and earnestly recommended by four members of the Faculty of the University of Buffalo. Gentlemen, did you read these *Hints*? If so, did you understand them? Verily, we think, had you looked into their “minute” details, you never would have sanctioned with the weight of your names a publication now spread broad-cast through the land, and containing such convincing proofs of negligence, dishonesty, and charlatantry.

In conclusion, for we have extended this article to greater lengths than we at first anticipated, let the American Association report yearly upon medical education;—let ROBY write prosy and jesuitical circulars;—let WOOD indite graceful and truthful Hints backed by Faculties of respectable and old-established Institutions;—let DERRY's Press groan under the weight of numberless editions;—but, let us, one and all, openly admit that if there is quackery in the country, it is due to the Schools, and to the SCHOOLS ALONE. More anon.

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This new article, forms the most portable, convenient and useful diet, ever offered to the public. The "**Council Medal**" was awarded to the inventor at the **Great Exhibition** in London; thus showing the appreciation there had of its merits, after a most thorough examination by the distinguished **Jury**, and the analysis by **Dr. Lyon Playfair, F. R. S.** to whose report, reference may be made.

Dr. J. M. Bailey United States special Inspector of Drugs and Medicines, and **Dr. Joseph R. Chilton** Chemist of New-York, have also attested to the excellence of the Meat Biscuit.

The **Gold Medal** of the **American Institute**, has also been awarded "for this new and valuable article," as well as for "**Pure Beef Lard**" produced in its manufacture. The Meat Biscuit is eminently adapted

For Travellers by sea and land.

For the Marine Service generally. The health of seamen would be preserved, and their comfort increased by the use of it. Having the quality of meat fresh from the slaughter, it would doubtless prove anti-scorbutic; and with the sailors' salt provision, would be of the utmost importance.

For Dispeptics, Invalids and Convalescents, it is peculiarly suitable, from its easy digestibility, and highly nutritious properties. It is entirely free from fat, salt or other condiment, or antiseptic whatever.

For Family use, and in all circumstances where fresh meat is wanted, the Meat Biscuit will be found most useful and economical.

It can be readily prepared for use as a Soup, Pudding, Sauce and Mince Pie. **One pound** contains the nutriment or essence of five pounds of the best fresh beef. **One ounce** will make a pint of rich nutritious soup; and for a **MINCE PIE** only two ounces, to every pound of fruit.

THE PRESERVATIVE qualities of the Meat Biscuit, have been tested, both by sea and land, for more than twenty months past. It has been carried to California across the plains, and by Cape Horn,—to Canton and the Arctic seas, and back again; and a canister has also made seven consecutive voyages between Galveston and New-York, all remaining in a perfectly sound state, as when first manufactured.

Numerous and high testimonials of the value and excellence of the Meat Biscuit, have been received by the inventor. **Lorenzo Sherwood**, Esq. formerly of New-York, now resident at Galveston, the place of manufacture, testifies "to the great care and cleanliness observed in the manufacture of the Meat Biscuit." He says, "I can give the assurance that greater cleanliness could not possibly be observed, while only the best quality of beef and flour that can be obtained, is made use of."

Sold by

J. H. Brower & Co. Sole agent, The Inventor, 84 William-st.
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TO DRUGGISTS.

We invite attention to our assortment of

TOILET ARTICLES AND PERFUMERY.

Druggists will do well to give us a call and examine our assortment of COMBS, BRUSHES, PERFUMERY, &c. before purchasing elsewhere.

A. & J. RAMSEY,
25 Maiden Lane, N. Y.

THE KEPHALIA FOR THE HAI,

Put up in beautiful style, and an excellent article for retailing, and it was never known by us to give dissatisfaction in any one instance.

The **Commercial Advertiser** of this city, after referring to those who have occasion for the use of Hair Restoratives, says:—"For the sake of such, we mention that A. & J. Ramsey's, **Kephalia** is what it professes to be, a good compound for strengthening and beautifying the Hair, and promoting its growth. Its perfume is undeniably fragrant and pleasant. We have the testimony of gentlemen who have used it, regularly for many years, and still prefer it to all other compounds; and now add that of one who has used it long enough to be well satisfied of its real excellence."

Manufactured by

A. & J. RAMSEY,
25 Maiden Lane, New-York.

PRETTINESS' TOILET POWDER.

Made only by A. & J. RAMSEY, 25 Maiden Lane, New-York, is universally acknowledged to be the best ever made, and is kept by all respectable Druggists.

VEGETABLE PEARL POWDER,

Warranted Genuine, an excellent article for improving the Complexion; imparting to the skin a natural clearness and a beautiful and transparent softness of expression.

The **PEARL POWDER** is entirely unlike any of the preparations made of chalk, alabaster, &c.

Manufactured only by

A. & J. RAMSEY,
25 Maiden Lane, New-York.

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OFFICE, No. 27 WALL-STREET.

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The Company makes every insurance appertaining to or connected with Life Risks.

Persons insuring on the mutual principle, for three successive years, receive four-fifths of all the profits of the mutual department, and four-fifths of all the profits of the business transacted on the joint-stock principle.

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No. 27 WALL-STREET, NEW-YORK.

TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Inspissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity* and *efficacy* not equalled by any offered in this or any other market.

THE HYDRO ALCOHOLIC EXTRACTS

are prepared by steam process, and in a VACUUM, in such a manner that the valuable properties of the plant are preserved unimpaired, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority.

Among them are—

Extract of Belladonna,	Extract of Hops,
" Butternut,	" Jalap,
" Buchu,	" Lupuline,
" Bloodroot,	" Nux Vomica,
" Conium,	" Pinkroot,
" " Seeds,	" Quassia,
" " German,	" Rhubarb,
" Chamomile,	" Sarsaparilla, Simplex,
" Colocynth, Ordinary,	" " Compound,
" " Opt.	" Para " Alcoholic,
" Dandelion, Alcoholic,	" Hon. " "
" " Inspissated,	" Stramonium.
" Digitalis,	" " Seeds,
" Gentian, Opt.	" English Valerian,
" " Ordinary,	" Dutch "
" Hyosciamus,	

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active therapeutical effects which they should possess, we take pains to procure the herbs from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their *superior efficacy* in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies*.

Philip Schieffelin, Haines & Co

Druggists and Chemists, 107 Water-street, New-York.

OUR CHEMICAL FACTORY

(KNOWN AS THE BELLEFONT LABORATORY)

is under the direction of

MR. JOHN H. CURRIE,

who ranks among the highest in his profession as a

PRACTICAL CHEMIST

Antimony Tartrate, Crystals,	Morphine, Acetate,
" " Pulv.	Granville's Lotion,
Ammonia, Aqua,	Oil Copaiba,
" " Liquor Fort.	Oil Cubebs,
Ammoniated Alcohol,	Collodion, 1 oz. vials,
" " Aromatic,	Precipitated Chalk,
Argent Nitras,	Prussic Acid,
" " Crystals,	Potassa Nitras, Pure,
Ferri Carb. Precipitated,	Spirits Nitre Dule,
" " " Pure	Syrup Iodide Iron,
" Sulphas, Pure,	Sulphuret Potassa,
" " Exsiccated,	Vallet's Ferruginous Mass,
Iodide, Arsenic,	Zinci Acetas,
" " Lead,	Zinci Sulphas,
" " Crystals,	Zinci Chloride,
" " Iron,	Chloride Soda, de Labarraque,
" " Pure,	Confection Roses,
Mercury, Bin Iodide,	Confection Senna,
" " " Crystals,	Blue Pill Mass,
" " Protolodide,	Ung Mercurial,
Morphine, Sulphate,	

Many of these chemicals differ in *appearance* from the chemicals of commerce, as well as in their *valuable properties*, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphiue more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY.

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuana root, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynthis, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammouy, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammouy. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Camomel will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only *pure*, but of the *best* quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. *The life* of the patient, as well as the *success* and *reputation* of the *physician* and *apothecary*, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

Philip Schieffelin, Haines & Co.

Druggists and Chemists, New-York.

In order further to insure the purity of our Powders, we have everything pulverized under our own inspection, and on our own premises.

EXTRA POWDERS.

Aromatic Powder, U. S. P.
Pulv. African Pepper,

Alum,
Alspice, *Alpe*,
Alse, Cape, *Alse*,
Alse, *Alse*,
Alse, *Alse*,
Assafœtida,
Antimony, Ref. Blk. Sniph.
Angutara Bark,
Anisea,
Bayberry Bark,
Belladonna,
Blood Root,
Bitter Root,
Black Root,
Borax,
Buchu,
Caraway Seeds,
Cantharides,
Canela Alba-
Cardamon, (Seeds only.)
Celastrus,
Cranebill,
Cloves,
Cinnamon, ordinary,
Cinnamon, Ceylon,
Cohoe, Black,
Columbo,
Colchicum Roo
Colocynch Seed,
Colocynch Pulp,
Cubeba,
Digitalis,
Eclampsane,
Ergot,
Ergot, 1 oz. vials,
Ext. Colocynch, C'd.
Licorice, Calab.
Foenugreek Seed,
Gentian Root,
Gentian, Jamaica,
Golden Seal,
Guaia Resin, from Tears,
Hun Arabic, Turkey,
Gamboge,
Mastic,
Myrrh,
Papaverin,
Hellebore, white,

Only Hyoscinismus,
 " Ipecac, without the woody
 centre,
 " Ipecac and Opium, (Dover's
 Powders,)
 " Jalap,
 " Kino, True,
 " Lobelia,
 " Seeds,
 " Mandrake,
 " Marsh Rosemary,
 " Mace,
 " Mezeorum,
 " Nux Vomica,
 " Nitrate Potas, Pure,
 " Nutmeg,
 " Nutgals,
 " Opium, Turkey,
 " Orange Peel,
 " Orris Root,
 " Pepper, Cayenne, Amer.
 Black,
 " Peruvian Bark, Loxa,
 Red,
 Calisaya,
 " Prickly Ash Bark,
 " Pink Root,
 " Pleurisy Root,
 " Rhubarb, Turkey,
 " East India,
 " Rhatany Root,
 " Sarsaparilla, Para,
 " Sage,
 " Summer Savory,
 " Sweet Marjoram,
 " Sabinia,
 " Senna, Alex.,
 " Seneka Root,
 " Scammony, Aleppo, No. 1,
 " Virgin,
 " 1 oz. vials.
 " Snake-root, Virginia
 " Squills,
 " Sulphate Copper,
 " Iron,
 " Potass,
 " Uva Ursi,
 " Valerian, English,
 " &c. &c.

BOTTLES AND CANS AT COST.

WHEN PUT UP IN $\frac{1}{4}$ AND $\frac{1}{2}$ POUND BOTTLES, AT 10 CENTS PER POUND
ADVANCE.

As many of the *Resins*, &c. are of unusual purity, for instance *Gualac*, *Aloes*, *Asafoetida*, &c. &c. they are very liable to run together and become solid. Even the ordinary common gums of commerce are so apt to run together, that *Drug-grinders* usually grind with some woody substance, such as *Licorice Root*, *Gentian Root*, &c. &c. Some roots that are rich in resin, such as *Rhubarb*, *Jalap*, &c. &c. are also apt to agglomerate. The *Extra Powders* being perfectly pure, and free from all foreign substances, are therefore more liable to become solid than the common qualities, but where they do so, we will replace them with others that are freshly powdered.

 The great and increasing demand for Cod Liver Oil, and the difficulty of procuring the oil in its pure state, and such as we can guarantee to our customers, has induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure when ordered in bulk.

The value of this oil, as a remedial agent in scrofulous affections and pulmonary diseases, is no longer a question—the daily experience of medical men, in its administration, only adds to its reputation. In this, as in all articles upon which we place the guarantee of our name, we wish to be understood as offering, to the purchaser and consumer of medicine, the best of its kind that the market can afford.

TO DRUGGISTS.—In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to dealers, which must influence all who not only like to have a fair equivalent for their money, but at the same time to have goods that ARE what they PURPORT to be, and such as will bear the strictest examination and analysis.

PHILIP SCHIEFFELIN, HAINES & CO.
DRUGGISTS AND MANUFACTURING CHEMISTS, NEW-YORK.

THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

EDITED BY D. M. REESE, M. D. LL. D. 775 BROADWAY, NEW-YORK;

AND SOLD BY

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Vol. III.

MARCH 15, 1852.

No. 6.

CONTENTS.

Free Medical Education, ...	73	Treatment of Pneumonitis, &c.	78
Dr. Gardner's Lecture, ...	73	Miscellaneous Items, ...	80
Medical Delusions, ...	73	The Case of Dr. J. K. Rodgers, ...	80
Professor and Doctor Williams, ...	75	Notice, (Annual Meeting of American Medical Association,)	81
Emigrants' Hospital, ...	76	A Brazen Homoeopathist, ...	81
To our Correspondent, ...	76	Honors of Medical Men, ...	82
Northern Lancet and the University of Buffalo, (communicated)	77	Local Organization, ...	82
Homoeopathy, by H. W. Beecher, ...	77	Colleges of New-York, ...	83

NEW-YORK MEDICAL COLLEGE.

1852.

EAST THIRTEENTH-STREET.

THE SPRING AND SUMMER COURSE OF LECTURES will commence on Monday, April 5th, and continue until the end of August.

On the **OPERATIVE SURGERY** of the Male and Female Pelvis, including also Syphilis and the diseases of the genito-urinary organs, by

J. M. CARNOCHAN, M. D.

On Toxicology with practical illustrations, by

R. O. DOREMUS, M. D.

On the Organic Diseases of Females, by

B. F. BARKER, M. D.

Medical Clinique on Monday, by Professor Green.

Medical Clinique on Tuesday, by Professor Barker.

Surgical Clinique on Thursday, by Professor Carnochan.

General and Syphilitic Clinique at the Emigrants' Hospital, on Saturday, by Professor Carnochan.

The Dissecting rooms, with abundance of *matériel*, will be open until the first of May.

Lectures on General and Microscopical Anatomy, with demonstrations by

D. S. CONANT, M. D. Demonstrator of Anatomy.

R. O. DOREMUS,

Secretary of the Faculty.

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OR

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By **GAIL BORDEN, Jun.**

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We invite the examination of the Faculty to the above, as well as to several of the new and valuable remedies recently announced of which we have secured a supply, viz.:—The Kousoo, for the expulsion of the Tape Worm; Hydroferro Cyanate of Potash and Urea; the new Febrifuge; Dragees of Lactate of Iron, &c. &c.

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THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

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Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *three dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

Free Medical Education.

By the announcement in another column, it will be seen that the NEW-YORK MEDICAL COLLEGE, in 13th-street, has made arrangements for a daily course of lectures during the spring and summer months, in which many of the most important and practical topics of our science will be systematically taught, by the Faculty, and to which physicians and students who may be in the city, may have access without charge. Two lectures or clinics, will be held each day during the intervening months, from March until September.

We are glad to witness in this new and promising Institution so much of professional enterprise and liberality, and the profession at home and abroad, will feel it their duty to patronize and encourage this effort, to afford the students who come to this city in pursuit of medical knowledge, the opportunity of cultivating the science during the entire year. We are assured that

many of the junior physicians in the country, who find it inconvenient to leave their homes during the winter, will gladly avail themselves of these summer privileges to improve themselves in the practical branches of the art of healing, and to profit by the clinical advantages to be found in our city. Professor Carnochan is the Surgeon in chief of the largest hospital in the country, viz. that for the Emigrants, on Ward's Island; and to this the students of this College have access throughout the year.

Dr. Gardner's Lecture.

The introductory of Dr. Gardner to his private course of Obstetrics, has been published, entitled "A History of the Art of Midwifery," and proposing to prove "the past inefficiency and present natural incapacity of females in the practice of obstetrics." It is dedicated to that veteran teacher and practitioner in this department, Dr. John W. Francis, of this city, in terms of just panegyric.

The author is a bold man, thus to run the gauntlet, against "woman's rights," and it is evident he has no fear before his eyes of Doctor-ess Mary Gove Nichols and her loyal spouse, not to name Miss Elizabeth Blackwell, M. D. who is Hyperion to a Satyr, when named in this collocation. The lecture is ably written, and was well received by the large audience who listened to it in the College of Physicians and Surgeons. Its publication, and wide circulation, will be a timely contribution toward public enlightenment; though, in our opinion, Dr. Bedford is doing more in his so-called clinics, to disgust the intelligent and refined of the sex with man-midwives, and encourage the transfer of obstetrical practice of our city and country to the Doctor-esses, who are sent forth by our Female Medical Colleges, than all the arguments of Dr. Gardner and others will suffice to accomplish in the opposite direction. Our only hope is, that the University will be constrained to repudiate such exceptionable teachings.

Medical Delusions.

There is no subject upon which so many impostures are rife in the community, bold, flagrant, and flagitious impositions, as in the "noble art of healing." Nor is there any other department, in which the public exhibit

Emigrants' Hospital.

The following extracts from the late Report of the Commissioners of Emigration, being all for which we have room, will interest many of our readers. They refer to the hospitals on Ward's Island.

"During the present year, Drs. Hosack and Wilkes have resigned, and the medical and surgical duties are now discharged by the following gentlemen:—

Dr. A. V. Williams,	Dr. J. M. Carnochan,
Dr. W. S. Bowen,	Dr. Wm. Macneven,
Dr. Simon Habel,	Dr. Ernest Schilling,
Dr. H. G. Cox,	Dr. George Ford.

Of the Board, Dr. Williams is President, and his residence in the vicinity of Ward's Island, enables him to keep a regular and constant supervision of the Hospital, besides taking the exclusive charge of the obstetric wards.

The Consulting Physicians, during the year, have been Dr. Cock and Dr. Edward Delafield; the Consulting Surgeons, Dr. A. H. Stevens, and the late Dr. John Kearney Rodgers, who was cut off near the close of the year, in the midst of a career of professional eminence and public usefulness.

The Hospital is divided into three general departments:—

1st. The Lying-in Hospital, and for diseases of women and infants.

2d. The Medical Wards for fevers, pulmonary complaints, and miscellaneous medical diseases, and the Children's Hospital.

3d. Surgical Department for Ophthalmic and general Surgery.

The various departments are under the immediate charge of the eight Visiting Physicians, five of whom, in their term of duty, visit the Hospital daily, and examine into the cases, and direct the necessary treatment for each patient, which is strictly carried out by the Resident Medical Staff, who are always on duty.

The Resident Medical Staff is comprised of twelve graduates in medicine, authorized to practice their profession by the laws of the State. Before their appointment by the Commissioners, their testimonials have been examined, and themselves subjected to an examination by the Medical Board, as is done in the army and navy of the United States.

The Commissioners and the Medical Board take pleasure in testifying to the ability, zeal and fidelity of these gentlemen, most of whom have, in turn, been prostrated by fever, acquired in the performance of their labors. Since the close of the year, one of them, Dr. Wilsher, has died from ship fever.

The Wards for the treatment of fevers, miscellaneous medical diseases, and Children's Hospital, are arranged into three divisions.

1st Division, Drs. Cox and Macneven, Visiting Physicians, with two Resident Assistants.

2d Division, Drs. Schilling and Habel, Visiting Physicians, with two Resident Assistants.

3d Division, Drs. Bowen and Ford, Visiting Physicians, with two Resident Assistants.

As previously stated, three of the Visiting Physicians, visit these wards daily, and spend several hours each in attendance on the patients, under their respective charges. In these visits they are accompanied by their assistants, (who besides regularly visit their wards at least morning and evening,) who state all the occurrences since the previous visit, take down all prescriptions, and see that all directions given are carried into effect.

The Surgical Department, comprising Ophthalmic and general Surgery, together with Fractures, Wounds, and every variety of Syphilitic Affection, is under the charge of Drs. Williams and Carnochan, with two Resident and two Assistant House Surgeons.

Dr. Carnochan visits the Hospital daily, and prescribes the treatment for the patients under his charge, and has also performed many and difficult operations, with a degree of success, both in the operative and curative part, highly satisfactory to the Commissioners, and honorable to his professional skill."

The ratio of mortality for the year has been increased to 11 per cent. which is ascribed to the cases of Typhus or Ship fever of which 2009 were received during the year, 427 of which proved fatal, being 21 per cent. Deducting these, however, the proportion of deaths to all other cases treated in 1851, is 9½ per cent.

The extinction of Purulent Ophthalmia from the children's department, in which it had committed sad mischiefs in former years, is a source of congratulation on the part of every friend of humanity, and is creditable to the hygienic improvement of the department, and equally so to the surgical skill by which it has been achieved.

To Our Correspondent.

"Query" is referred to the cover of the 1st part of the late reprint of Bernard & Huette's Surgery, for an answer. He will see that the title page is dated 1852; whence he may infer that the promise of the 2nd part "*early in December*," means at the close of *this* year. There being *only two* translators employed in Anglicizing the explanation of the plates! a work demanding vast labor and research; it may require the whole year for each part. Besides this tardy publication is policy, for the first number does not take, and will not sell, while the worthy publisher finds the Mesmerism and Homœopathy on his catalogue, going off like hot cakes. Even the *learned notes*! by Drs. Van Buren and Isaacs, appended to the plates of part I. fail to be appreciated, so little discernment of merit is found in the profession. Hence it is that the work of Dr. H. H. Smith of Philadelphia is so generally circulated, and preferred to the foreign book, even when translated by two American savans, who ride double upon Bailliere's reprint. The critique of "Query" is inadmissible.

Communications.

For the Medical Gazette.

Northern Lancet and the University of Buffalo.

"He mourned, lamented, tugged and tried.

"Repented, promised, wept and sighed."—*Fulton*, p. 108.

Editor of the New York Medical Gazette :

Sir:—I would take no notice whatever of the anonymous letter published in your number of the 1st inst. as a defence to my "savage attack" on the Buffalo School, were it not to refute the idea of "some private pique" having influenced my remarks upon that excellent and most beautiful system of manufacturing doctors, now so much in vogue with many of our medical institutions; and if "Fair Play" is a fair gentleman, he will oblige me over his own name by stating the real or supposed grounds for his false assertion.

I refer your readers to my editorial remarks, which you do me the honor of republishing, to decide whether I have aimed more at the Buffalo, than at any other School. I did particularize it as one of the schools wherein this "steam" and "absorption" plan of forcing, swallowing and digesting medical knowledge was openly carried on, and this I did from being, as I truly think, in possession of official data, which, however, are disclaimed by Professor Flint in his reply published in my Lancet for this month, a reply couched in conciliating and condescending explanations, the object of which is to remove the many impressions "naturally enough" received from the perusal of his hasty and carelessly written editorial, and which served as text to my remarks. Little, indeed, did I suspect that the Buffalo School would have so greedily endorsed the coat—it should have been more charitable towards its neighbors—for the weather is extremely cold, now-a-days, in the latitude of several sister Institutions. I had thought it to be of dimensions sufficient to suit a few more of the "same sort," but more cloth is on hand, and will be manufactured into the necessary garments in proper time.

"Fair Play," it seems to me, must derive precious little consolation from your prefatory remarks to his letter, though general in their tenor, he must come in for his share. You pour no Balm of Gilead upon his wounds; still I am pleased to see that there is another man besides myself who dares to speak of, see and expose the meritorious strife of manufacturing doctors out of "raw materials," and fashioned *secundum artem* by the hands of the "industrious peripatetics."

Accept my thanks for your courtesy in placing both parties before the readers of the Gazette, and believe me, your obedient servant,

HORACE NELSON, M. D.

Editor of the Northern Lancet.

Plattsburgh, (N. Y.) March 4th, 1852.

Homœopathy.

BY H. W. BEECHER.

[We insert the following *jeu d'esprit* from the New-York Independent, because of the palpable hits it contains.]

"If one listens by turns to the asseverations of the schools, the Botanical, Eclectic, the Hydropathic, (we confess to a small hobby there,) the Homœopathic, Magnetic, and the Allopathic, and believes in their infallible skill and power, he will be grateful that sickness is coming to be entirely unnecessary. With such specifics for everything, with such bulwarks of health served by men that never miss in a fair match with disease, sickness must soon be regarded as a great weakness, and death almost a felony. Indeed, a friend even now has a lecture, for which he asks us to secure him an audience, entitled 'Disease is Sin.' Of course, death is overt transgression. But to return.

"We have steadfastly adhered to the old school; probably from our naturally conservative bias. New-fangled notions we have always had our opinion of. We have stuck therefore to the good old paths of medicine and refused to remove a landmark—blister, lancet, pill, bolus, lotion, potion, all are objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless Homœopathy. It seems not unlikely to be part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar-plum affair.

"Once doctors sat down around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and boluses; they pierced it, or sacrificed it, or hung upon its course with cataplasm and blister at such a rate, that any man with half an eye could see that one or the other must give out speedily—the disease or the patient!—But now our Homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out. Diseases are mere callers, ready to stop at the door and leave their card, or to sit five minutes and be off;—a very different set from the old surly, obstinate tenants, who held our bones and organs upon indefinite leases. A sniff, a pellet which it requires an eye of faith to see, a mere medical hint as it were, is enough to do what once ounces, pounds and quarts could scarcely effect. This is jugglery, we fear, or worse. No man on recovery can look back with an applauding conscience upon his own sincere endeavors, as once he could. To sit up in bed, when from hair to heels you are but one prolonged nausea; with swimming eye to descry your nurse approaching with lukewarm senna; to calculate with stomach-heaving arithmetic how many gulps will be required; and then with every resource of your being at burning martyr-point, to thrust the unutterable abomination down, and with

even fiercer fight to *keep it down*—who, as he fell back on his newly beaten-up pillow, has not felt that no diseases with one particle of self-respect would long stand in company with such hideous medicine? One is proud of his Anglo-Saxon capacity; of his sacrifices and sufferings for health; and when health returns he feels that he has *earned* it, and paid, by pain and potion, everything farthing which the violated laws health exacted. To get well was evidence that a man was made of the sternest stuff.

"But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two half tumblers of water, giving you a teaspoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk-sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such a dainty practice, and would die like men upon substantial medicine rather than sneak back to life upon such effeminacy.

"To be sure, almost every relative that we have, paternal, fraternal, senoral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chicken-pox and influenzas, &c. &c.

"We are daily exhorted to apostacy. Example and cyclopedias of advices are lavished upon our obduracy. Our friends are against us; parishioners, not a few, are against us. Books have been sent us. Oh, the cures that have been recounted! We are duly impressed from time to time with the fact that our departed neighbor would have been alive now, if he had taken his friend's advice and sent for Homœopathy, this child had gone down in the car of Allopathy to death's door, but changing drivers the chariot of Homœopathy brought him back in a jiffy. This friend had a sick headache, took three pills of pulsatilla, and before she could get the bottle corked up again she was entirely cured. We are assured that croup is now nothing, if you only have the right medicine by you. Measles are right down good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, 'comes right down.' Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of Allopathy, as Red Jacket, civilized into drunkenness and into a ditch, was from the whileom savages who greeted a midnight village with a war-whoop, and found their way into it by the light of its blazing roofs!

"If one dies under this practice we are assured that 'all men *must* die when their times comes, in spite of all medicine.' And this seems rational. But if it had been Allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated,

'strange!' as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide.

"Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine! But these darling little danties, these pills for fairies, you may take any number without danger. Indeed, their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

"But we have observed how much more medicine is taken by many of our kind friends of this school than by us: To be sure, a stout blue pill is a mountain by the side of their Homœopathic dust. But then we only take such once a year. Now medicine so harmless as those dear little phials contain is a very temptation.

"Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—*catarrh*?—*nux vomica*. Does the nose run, like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face? Deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*bellu-donna*. And so on. Life with some nervous people becomes an interesting game. Their body is like a forest, pains are the wild beasts, and pellets the means of hunting them, and the patient lies in watch for a pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business.

"In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick; our second reliance is upon a well bred, sensible doctor. We select the doctor; it is his business to select the medicine, and we do not care a pin what it is. To those who ask us, therefore, what school we believe in, we reply: we are firmly persuaded of Dr. Mitchell! This is the sum of our present creed."

From the Buffalo Medical Journal.

Treatment of Pneumonitis, &c.

In the Western Lancet, No. for Dec. 1851, we find the following statement of certain statistical results bearing on the management of pneumonitis:

"An Austrian physician (Dr. Dietl) has published the results of different methods of treating pneumonia; and it appears that he was quite liberal in his views, and at times adopted widely different methods of treatment, ranging from blood-letting to homœopathic *nothingness*. Dr. Dietl gives the following results: Of 85 cases treated by bleeding, 17 (or 1 in 5) died; of 106 treated by tartar emetic, (without bleeding) 22 (or 1 in 4.8) died; of 189 treated by a purely *expectant* method, 14 (or 1 in 13.5) died. The mortality under the homœopathic treatment was exactly the same as under the *expectant* method."

The able editor of the Lancet comments on the indefiniteness of such statistics. He says, what is obvious,

that modifying or controlling circumstances which are wholly left out of the calculations, may have determined the diversity of results under the different methods of treatment. "Were the patients," he asks, "old or young—ill or well fed—confined to a vitiated or pure atmosphere, and, finally, was the disease sthenic or asthenic?" Were the observations drawn from epidemic or sporadic cases?" Questions, like these, suggest sources of error in the application of statistical comparisons to therapeutics, which are with difficulty obviated, and which lead us to distrust the numerical method as a means of advancing our progress in practical medicine.

In one point of view, however, the foregoing statistics are valuable, as the Editor of the *Lancet* remarks. They show, to quote the writer's language, "that infinitesimal doses and *nothing* are, in a therapeutical sense, exactly synonymous." The mortality under the homœopathic treatment and the expectant system was similar. This is what would be expected, denoting doubtless more than merely a singular coincidence.

In another point of view the statistics appear to us to possess considerable value—a point of view not noticed in the remarks of our valued contemporary. The ratio of recoveries under the expectant method exceeded, by more than double, that under the treatment by bleeding, and was trebly greater than that under the treatment by tartar emetic. Now, although these facts do by no means prove that bleeding and tartar emetic are not useful remedies in the treatment of certain cases of pneumonitis, they do lead to an important practical conclusion, viz. that a very large proportion of cases of this disease do well without active medicinal interference. This conclusion must be admitted, assuming that the statistics are correct, for which we cannot, of course, vouch. This, we say, is an important practical conclusion. Considered in connection with the results in the cases treated by bleeding and tartar emetic, it is fair to infer that it is vastly better to withhold these remedies entirely in the treatment of this disease, than to resort to them indiscriminately. This leads us to a fundamental truth in practical medicine, the importance of which can hardly be over estimated, and which, there is reason to fear is not so generally and fully appreciated as it ought to be. The truth to which we allude is, that the efficacy of powerful remedial agencies in the management of diseases, depends on the discrimination with which they are employed. A bleeding in pneumonitis may be necessary to the safety of one patient, while it takes away all chance of recovery in another. So with all acute affections, and the various measures of therapeutics. The power which renders them efficiently curative in one instance, causes their operation to be not less destructive in another. The armamentaria medica cannot be wielded without effects for evil, or for good. Success in the practice of medicine, therefore depends entirely on the judgment of the practitioner in directing the resources of the art.

The advancement made in practical medicine of late

years, consists, in a great measure, in the greater discrimination and discretion observed in the employment of active remedies. This has resulted from progress in knowledge of pathology, and of the natural history of diseases, together with a better understanding of what belongs to true medical experience. It is not a correct inference from the fact of bleeding, and other potent agencies being less employed than formerly, that their real value has undergone a depreciation. Their use has been restricted to the cases in which they may be resorted to with safety and advantage, but, thus limited, their efficacy is even more conspicuous at the present moment than at any previous period in the history of medicine. The contrast in the modes of practice pursued by different members of the profession is more marked in the discrimination regulating active medicinal interference than in any other point of view. There is a class of practitioners who act on the principle that every malady is to be treated by vigorous means, which are to be diligently applied until death or recovery, without reference to the self-limited character or intrinsic tendency to a favorable issue which belongs to numerous diseases. Physicians of this stamp generally are accustomed also to direct their treatment after stereotyped rules, applied indiscriminately to all cases, and under every diversity of circumstances. A patient with pneumonitis must be bled and take tartar emetic, as a matter of course, and so with other measures in other affections. Thanks to the progress of science, this class is yearly becoming less and less, and in proportion as the profession is pervaded by the influence of more rational views deduced from pathology, and confirmed by experience, will the beneficent effects of our art be enhanced, and its character rise in public estimation.

It has been customary to apply the phrase *heroic practice* to boldness in the use of remedial agencies. The expression is a significant and just one. It certainly denotes a species of courage to meet disease promptly, and vanquish it by a successful onslaught. But there is another phase of heroism in medical practice, in which the conduct of the practitioner claims not less our admiration. This consists in the boldness of withstanding the temptations from within, and per chance solicitations from without, for active interference, whenever the indications for potent remedies are not present, notwithstanding the dangerous condition of the patient, knowing that unless the powerful resources of the *materia medica* are indicated, they cannot fail to do harm. This kind of courage is, in some measure, a characteristic of modern medicine. It is to the physician what "masterly inactivity" sometimes is to the military commander. The latter is less attractive and brilliant than feats of daring which only require a physical indifference to danger, but it demands more science, greater self-reliance, and often denotes the truly able tactician.

Miscellaneous Items.

Dr. John Watson, has a critical and practical paper in the last number of the Medical Times, on the "*newly* devised method of treating strictures," by Mr. Syme of Edinburgh, which merits a more extended notice than we can find space for at present. It ought to prove a corrective for the bad surgery, so common in the treatment of this frequent disease. The same journal also contains a valuable paper by Dr. W. C. Anderson, of Staten Island, on *Diphtherie*, in contradistinction from Trachitis, with cases of tracheotomy, the success of which is very creditable to the writer. He commends the internal use of Hepar Sulphuris in grain doses, in laryngeal affections, a remedy ascribed to Upholzer of Vienna.

The rumored appointment of Dr. Trenor to the department of Dental Surgery in the Crosby-st. College, is contradicted by authority in the Medical Times.

Dr. F. C. Stewart, has again been elected Orator of the N. Y. Academy of Medicine, his absence in Europe having prevented his fulfilling his appointment last year, in consequence of which, the annual oration had to be dispensed with, there being no alternate, and the material to make orators being scarce in the fraternity.

The class in attendance at the Medical College of Ohio, have unanimously adopted resolutions, at the close of the late session, highly complimentary to their new Professor of Anatomy, Dr. H. W. Baxley, declaring him to be a superior Anatomist, an eloquent lecturer, a true lover of science, and an accomplished gentleman." From our long acquaintance with Dr. B. we fully concur in the justice of this estimate of his character, and honor the class for appreciating their able teacher.

Dr. Samuel Jackson, of Northumberland, has lately read a paper before the Philadelphia Medical Society, in favor of a reorganization of the American Medical Association, and assigning very plausible reasons therefor. He predicts delegations to Richmond from the Female Medical Colleges, and even worse phenomena. We have marked extracts for our next number, from this able pamphlet, which will be widely circulated.

Dr. Drew, of Woburn, Mass. reports the birth of triplets, after an easy parturition, the mother and her three boys were doing well several days after.

An American Medical Society has been formed in Paris, of which Dr. A. J. Semmes, is Corresponding Secretary.

[From an editorial in the late number of the New Hampshire Journal of Medicine, we insert extracts, which will serve to show how certain medical dignities are regarded abroad. The N. Y. Pathological Society will by and by appreciate the gentleness of our

forbearance in the kindly admonitions, which we tendered them when dealing with the same subject.]

The Case of Dr. J. K. Rodgers.

After commenting at large on the pamphlet of Dr. Hosack, with liberal extracts from its pages the editor says:

"Here commences a history which must make the ears of every one tingle, and spread the deepest hue of shame over the face of every man who has at heart an earnest desire for the honor of the medical profession, and remembers how much its honor is in the keeping of its prominent members.

"The first thing we notice, though not the first in order of occurrence, is the statement in a note, that Dr. H. could not give the precise quantities of medicine ordered by the attending physicians, because he was unable to obtain any information from the apothecary '*who was instructed by the attending physicians to refuse to give me a copy of the prescriptions.*' Clearly this must have been after the post-mortem examination revealed the real disease, and the attempt was made in this manner to conceal improper treatment. Can there be any occasion for us to comment upon such an unmanly course?

"In the second place, after the death of Dr. Rodgers, the attending physicians made the arrangements for a post-mortem examination without giving any notice of it to Dr. Hosack. He was informed of it, however, at a late hour from another source, and taking with him Dr. Wilkes, and three other medical friends, attended at the appointed time. It was a wise precaution to have witnesses, and certainly common courtesy, if nothing more, required a notice of the time of examination to be given to Dr. H. and his presence should have been asked. Can it be that these gentlemen distrusted their diagnosis after the fatal termination, and wished to make the examination alone, and report as they thought best? It seems hardly credible, and still there is no other explanation which can be put upon it. The day previous to Dr. Rodgers' death, Dr. Swett said '*that he was more confirmed than ever that it was bilious remittent fever.*' Why then should not Dr. Hosack have been asked to attend the examination, and thus be convinced of his error. It is very doubtful if the precise state of the portal system would have been known abroad, had not Hosack and his friends been present, because it would then have been easy to conceal it, and the temptation to do so would have been exceeding strong."

After inserting Dr. Hosack's detail of the course pursued in the Pathological Society, and especially that adopted by Dr. Alonzo Clark, the editor proceeds:

"Now what does every honest man say to this? Was there ever a more astounding revelation of the proceedings of a *scientific* association? We have always advocated the formation and maintenance of medical societies; but either they are not formed for such purposes, or we will abandon them entirely. Shall such a

society be perverted from its legitimate use—the investigation of science—and pass votes by which they agree to go forth and contradict statements prejudicial to its members in order to *sustain* them? Dr. Clark's statements, as to the frequency of the occurrence of this disease, its obscure symptoms, and its incurability, are all erroneous, and it is strange that a man who has been so constantly occupied in pathological investigations, who has been so long a teacher of pathology, should not have *known* better. There is an *apparent* desire on the part of this association to sustain each other, *right or wrong*; for upon no other ground can these proceedings be accounted for. What shall be said of such an attempt, whether made by prominent men or by those less distinguished? An association, such as we suppose this to be, at any rate such as by its name it professes to be, should have occupied itself with the discussion of the proper treatment of this disease, and how to avoid the error into which some of its members had fallen, that if a similar case occurred in their practice they might be able to treat it more skillfully. Instead of this, an attempt is made to convince the public that the disease is very rarely met with, but few cases having occurred, and that if it had been recognized, the result *must* have been fatal. We have no patience with such proceedings.

"The aim of every medical society should be to find out the *truth*, and to aid in its investigation, and to oppose all that would falsify facts or give a coloring to occurrences other than the true one. Some of the members of the 'New-York Pathological Society' have departed from this course, and we assure them that the profession cry out *shame* against them. The honest members of this society must exceedingly regret these transactions, for they suffer in some measure in consequence of them, and so does every man in the profession. Some of the gentlemen engaged in them hold prominent positions, and of them better things were expected. They have lent the influence of their position to oppose the truth, and they must take the consequences; and we can tell them that these consequences are not trifling.

"In conclusion, a word to our readers. We have made this statement of the case of Dr. Rodgers, and the accompanying remarks upon it, in consequence of no friendship for any one connected with it. We know none of these gentlemen; we have no enmity to any of them. But we find here a case which has been brought prominently before the profession, and as a journalist we may not *ignore* it. It is unavoidable that we should condemn, or by our silence approve, these efforts of a party in the profession to sustain each other. Could we hesitate which to do? Still more the same disposition to sustain friends has been manifest in the national association, and though hitherto it has been rebuked, it is one of the sources of danger to the usefulness of that body. Here we have an exemplification of its evils, and one that must warn every one to oppose such tendencies

wherever found. And it has been due, too, to the profession of New-York. Though we do not carry the weight of some of our contemporaries, it is our duty to accomplish all that lies in our power for the advancement of the profession,—and therefore it is our duty to say to those engaged in such transactions as we have above cited, that their conduct is observed and disapproved outside of the walls of their rooms, and beyond the limits of their city; that it is frowned upon, and that they will be held strictly accountable for the disgrace they have brought upon their profession."

Notice.

The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4th, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations, as soon as they may be appointed.

The following is an extract from Art. II. of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"The medical press of the United States is respectfully requested to copy.

P. CLAIBORNE GOOCH,
One of the Secretaries,
Bank-street, Richmond, Va."

A Brazen Homœopath.

To the President of the Royal College of Physicians.

Sir,—I am anxious to know if you will admit me to an examination for the degree of Doctor of Medicine, and, as I wish to act honestly and fairly to you, I think it best to state, that I differ from the views of the College in one branch of the examination—viz. the therapeutical. However, I will give my answer to any question you put according to the old mode of healing disease, and at the same time, if agreeable to you, state what homœopathsists consider the best method of curing disease. I trust the fact of my being a homœopathist, which I am from conviction and long experience, will not prevent you from granting me that diploma which I am desirous of obtaining. I have the honor to be, &c. &c.

Reply.

Sir,—The foundation of the Royal College of Phy-

sicians was for the purpose of guaranteeing to the public skilful and safe practitioners. The College of Physicians regard the so-called homœopaths as neither skilful nor safe practitioners. Therefore the College cannot, without betraying a sacred trust, give its license to persons whom they regard as wholly unworthy their confidence, and with whom it is not possible they can hold any communion. I remain, Sir, your obedient servant,
J. A. PARIS.

Dublin Medical Press.

Honors of Medical Men.

It has pleased the Queen to grant permission to Mr. Owen, the distinguished professor of Comparative Anatomy at the College of Surgeons, to reside in one of the houses on Kew Green which belonged to the late King of Hanover. The gift was accompanied by a very flattering letter from Prince Albert to the professor. Another of the houses on the same green has, we understand, in a like kindly spirit, been presented for a residence during life to Dr. Joseph Hooker. We have also to record a mark of royal favor bestowed by a foreign sovereign on Professor Owen. Our readers know that the King of Prussia instituted some time since an Order of Merit, for men distinguished in art and in science—and which consists of sixty chevaliers, thirty Prussians and thirty foreigners. Amongst the latter was the late Professor Oersted; and Professor Owen has been selected by Frederick William to supply the vacancy occasioned by his death. In this order there are now five Englishmen:—Mr. R. Brown, Sir David Brewster, Sir J. Herschel, Mr. Faraday and Professor Owen.

London Lancet.

Local Organization.

The close approach of the medical convention for the purpose of making a more perfect and efficient organization of the state society, and the meeting of the National Association during the ensuing week, remind us of again appealing to the physicians of Virginia to be stirring in their local organization. We are glad to know that societies are being formed in several counties, but in others the matter has been postponed, and we take this last opportunity of saying that unless they are formed, and the delegations to the National Association are appointed *one month before the first Tuesday in May*, they may be excluded by the constitution from seats in that body.

We have neither space nor time to dilate upon the importance and advantages of local medical societies. If we had nothing better to do, and were able to make a strong appeal to this purpose, it would be needless; for there are none, save those who are actuated by miserable selfish motives or ignorant obstinacy, who do not fully appreciate the necessity of such associations.

The ranks of the profession are now being filled up with men of all grades of talents, character and respectability. The public no longer respect the once honorable distinction conferred by the title of M. D. but it does respect any man who holds a position with his own confères. Therefore it has now become necessary that the great fraternity should look to its own household, and take steps to protect itself and keep the calling from disrepute. Men calling themselves physicians, or even *legally so titled*, who are disqualified by ignorance or want of character, may succeed in making money and a sort of standing in the community; but they bring discredit upon the profession; and unless we repudiate them, the whole body must be judged together. Then the only means that the respectable portion of the profession has of protecting itself, is by association and mutual reliance. A well regulated society of physicians in every county or town would not only be of great value to each member of it, in increasing his knowledge and usefulness, but it would place each one on his own proper level, and give the whole corps that influence and standing which their very calling renders necessary and proper. The community at large can only be protected from charlatany in this way.

We will not pursue these suggestions further; indeed we may be accused already of prolixity or folly for this homily on the condition of medicine. But we are fully determined to talk plainly about the evils existing around us, and to raise our voice in favor of an advance towards their removal. In the constitution of all medical societies the national ethics should be recognized and enjoined, and every member should be enrolled on the list of the state society, which should also be recognized as the governing body for the state at large. Its diploma is now found to be of more real value than that of the colleges, whenever it is presented among strangers. This is right, for it is a testimonial of the good standing of the bearer among his brethren where he is known and respected, while that of M. D. really means nothing, and is very often found in the possession of men who have no symptom of a right to it. It is irrevocable when given by a college—the *made doctor* makes no pledge either to support its reputation, or to hold himself amenable to anybody for its disgrace. He may turn open quack the day after he receives it, but nothing can deprive him of "all the immunities, privileges and honors" conferred with it.

These things require an attention which they have not received, and we throw out these suggestions in order merely to draw attention to the great necessity of starting the medical societies through the state in a right way. It is as they are organized how they succeed in their usefulness and efficiency. From the spirit now abroad, and the high tone of the Virginia medical practitioners, we have no doubt but that very soon the local and general organization will be as perfect in our good old state as it is in any other in the Union.

Stethoscope.

Colleges of New-York.

The annual commencements of our Medical Schools have been held during the past week. We have only space in this number for the result:

University of New-York,	98 graduates.
College of Physicians and Surgeons,	59 "
N. Y. Medical College,	21 "

By comparing these with the reports of the previous year, the relative proportion of the classes at the late session may be inferred.

New-York Medical Gazette Advertiser.

THE CHEAPEST AND BEST OF ALL THE REPRINTS.

Price only \$1.50 per annum. By Mail, Postage prepaid, \$2 per annum. No. 14, for January, now ready.

Ranking's Half-Yearly Abstract

OF THE

MEDICAL SCIENCES.

Being a Practical and Analytical Digest of the Contents of the Principal British and Continental Medical Works published in the preceding six months.

Together with a Series of Critical Reports on the Progress of Medicine and the Collateral Sciences during the same period. Edited by

W. H. RANKING, CANTAB.,

PHYSICIAN TO THE NORFOLK AND NORWICH HOSPITALS.

Apparatu nobis opus est, et rebus exquisitis unique et collectis, accersis, comportatis.—CICERO.

NUMBER 14, FOR JANUARY, 1852.

CONTENTS.

Part I. Practical Medicine, Pathology and Therapeutics.

Sec. 1. Diseases of the Nervous System, ...	8 articles.
2. " Respiratory Organs, ...	10 do.
3. " Circulatory System, ...	3 do.
4. " Chyliferous do.	5 do.
5. " Genito-Urinary System, ...	4 do.
6. " Skin and Cellular Tissue, ...	8 do.

Part II.—Surgery.

Sec. 1. Symptomatology and Diagnosis of Surgical Diseases, ...	5 articles
2. Nature and Causes of Surgical Diseases, ...	6 do.
3. Nature and Treatment of Surgical Diseases, ...	5 do.
4. New Surgical Appliances, ...	4 do.
5. Rare Surgical Cases, ...	5 do.

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Sec. 1. Midwifery and Diseases of Women, ...	14 articles.
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Transactions of various Medical Societies in reference to Quackery. Bibliographical Record. Index to Number 14, and a number of ILLUSTRATIONS ON WOOD.

Also Vol. 7 BOUND IN LEATHER.

This valuable reprint is now the CHEAPEST of all the Medical Periodicals published in this country, and probably in the world. It is very comprehensive, as a reference to the above table of contents of the present number will show. It has also received the almost universal commendation of the Press and of the Medical Profession.

Sets of the Work from Numbers 3 to 14 will be furnished at 75 cents per number, and forwarded by mail FREE OF POSTAGE, or otherwise delivered as directed, payment being made in advance.

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DR. SWETT

TREATISE ON DISEASES OF THE CHEST.

D. APPLETON & CO will publish early in February, A TREATISE ON THE DISEASES OF THE CHEST, being a Course of Lectures delivered at the New-York Hospital, by John A. Swett, M.D. Physician to the New-York Hospital, formerly President of the New-York Pathological Society. 1 vol. 8vo. 600 pages.

The above Treatise is intended to embrace all the well-established practical facts in relation to the important class of diseases which it treats.

CHLOROFORM. PURE.

Much of the Chloroform of Commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession that we have prepared an article, the purity of which can be implicitly relied on.

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Can also be obtained of us, PERFECTLY PURE, either in sticks or crystals, manufactured at our Laboratory.

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Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

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Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS,

AND

SUPERIOR EXTRACTS,

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REMEDY FOR TAPE WORM.

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KIERSTED'S -BREAST OINTMENT.

The attention of Physicians, Pharmacutists, and venders of M dicine, throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM GUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure o

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER,
OLD SORES OR ULCERS, FOR BURNS,

SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,
&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

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DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

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AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

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It speedily promotes the formation of pus, and (superseding the use of Poultries, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES AND ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address,

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It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles, upon which it is so generally and erroneously supposed to depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium.

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

4. To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Welch will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first brought to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for 6 hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insinuating that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable.

I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other utilities in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb, Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them. Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Impissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity* and *efficacy* not equalled by any offered in this or any other market.

THE HYDRO ALCOHOLIC EXTRACTS

are prepared by steam process, and in a vacuum, in such a manner that the valuable properties of the plant are preserved unimpaired, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority.

Among them are—

Extract of Belladonna,	Extract of Hops,
" Butternut,	" Jalap.
" Buchu,	" Lupuline,
" Bloodroot,	" Nux Vomica,
" Camium,	" Pinkroot,
" " Seeds,	" Quassia,
" German,	" Rhubarb,
" Chamomile,	" Sarsaparilla, Simplex,
" Colocynth, Ordinary,	" " Compound,
" " Opt.	" Para " Alcoholic,
" Dandelion, Alcoholic,	" Hon. " "
" " Impissated,	" Stramonium,
" Digitalis,	" " Seeds,
" Gentian, Opt.	" English Valerian,
" " Ordinary,	" Dutch " "
" Hyosciamus,	" " "

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active therapeutical effects which they should possess, we take pains to procure the herbs from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their superior efficacy in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the loss of life consequent upon the use of inert remedies.

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gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

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It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

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" Aniseeds,

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" Bitter Root,

" Black Root,

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" Cicuta,

" Cranesbill,

" Cloves,

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" Caylon,

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" Cubells,

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" Elecampane,

" Ergot,

" " 1 oz. vials,

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" Gamboge,

" Mastich,

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" " Red,

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PHILIP SCHIEFFELIN, HAINES & CO.

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Vol. III.

APRIL 1, 1852.

No. 7.

CONTENTS.

Our Independence, ...	85	Mental Alchemy at Metropolitan Hall, ...	89
To Correspondents, ...	85	New-York Journal of Medicine, ...	90
New-York County Medical Society, ...	86	Professor T. D. Mitchell's Valedictory, ...	90
Personal, ...	86	Medical Improvements, ...	91
Ovariectomy, ...	86	Ohio Medical Journal, (Letter from Professor Lee,)	93
Advertising Doctors, ...	88	Something Rich—Phosphate of Lime, ...	94
Dr. Drake's Discourses, ...	89	Miscellaneous Items, ...	95
Neill on the Nerves, ...	89		

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1852.

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We invite the examination of the Faculties to the above, as well as to several of the new and valuable remedies recently announced of which we have secured a supply, viz.:—The Kousoo, for the expulsion of the Tape Worm; Hydroferro Cyanate of Potash and Urea; the new Febrifuge; Drages of Lactate of Iron, &c. &c.

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AND

JOURNAL OF HEALTH.

VOL. III. No. 7.

APRIL 1, 1852.

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Subscriptions, Advertisements, Books for Review, and all Communications, may be addressed to the Editor, No. 775 Broadway, free of charge.

Take Notice.

The 1st and 2nd volumes of the New-York Medical Gazette for 1850 and 1851, can now be had, *neatly bound and lettered*, by enclosing *three dollars* to the editor, which will enable new subscribers to secure a complete series from the beginning. Early application will be necessary, as the few on hand will be speedily disposed of.

Our Independence.

Some of our correspondents seem to misapprehend the "*independence*" claimed for this Journal. True it is, and ever will be, independent of any clique, party, or college, and hence without fear or favor will discuss the merits of all, weighing their pretensions in the scales of equal and exact justice. But no independence of the profession as a whole, has ever been professed or sought, but on the contrary, this paper is committed to the true and legitimate interests of the fraternity, without respect of persons. Nor do we profess or desire independence from the restraints of that honor and manliness, good fellowship and good breeding, which should ever characterize our noble calling. Hence we refuse as heretofore, all anonymous personalities, of which many are sent us, for, when any article is worth publishing, if it is of local or individual application, the party concerned as well as our readers have a right to know the author. When we deviate from this rule, the name of the writer is with us, and the responsibility is ours.

Our independence is none other than this. We publish what we please, believing it to be true, just, and expedient in view of our relations to our readers, and their claims on our columns. They may differ with us in opinion on any subject, and if they cannot allow us to differ from them, they will withdraw their subscriptions, and withhold their advertisements, nor will they thus ever subject themselves, to a single word of criticism or animadversion, beyond what they would receive if they were among our most liberal patrons. If any body therefore, has hoped to bribe us into connivance at their quackeries, by patronizing this paper, or to modify our criticisms on their wrong-doing by such patronage, we point them to the past history and course of this Journal for a salutary lesson.

We are set for the defence of the profession proper, who sustain us in rebuking quackery within or without our ranks, and not sparing medical "iniquity in high places," when the common weal is jeopardized. If we err in judgment, as who may not? we shall make haste at reparation, adopting the maxim that "it is better to suffer wrong, than to do wrong." Our columns are open to criticisms upon ourselves, for we claim no infallibility.

Our subscribers pay their dollar annually in advance, because they receive a *quid pro quo*, the worth of their money, else they will cease to patronize the paper. And all who advertise, do so because they judge it is to be their interest to have intercourse with our subscribers, and we honor their judgment. When they think differently, they signify it by withdrawing their patronage, and nobody complains. This is the extent of our obligations to them and of theirs to us. And we ask no man's patronage in any respect, who is not prompted alike by his inclination and his interest, nor who does not consciously receive an equivalent for his money. We value liberty of speech, and the liberty of the press too highly to be influenced by the wealth or power of any clique in the profession to surrender our independence in exchange for their favor or patronage. Our readers will understand that there is reason for inflicting upon them this homily.

To Correspondents.

Dr. Wardell's cases of Ovarian Dropsy, and Thoracic effusion, will receive attention in our next number. He has our thanks.

"Legitimate" will find his letter returned through the P. O. This anonymous assassin of the fair fame of one of our medical dignitaries is informed that no amount of hostility or provocation could atone for the vindictiveness of which he is guilty, and of which he seeks to make us particeps criminis. He does not know us, or he would have sent his missive elsewhere. We really feel humiliated by its receipt, for it seems to imply that he thought us capable of thus seeking revenge for private wrongs however malignant, by striking a blow against an enemy, which would inflict a wound upon innocent parties. In such a case it is, that "the greater the truth, the greater the libel."

New-York County Medical Society.

This body has appointed a delegation to the annual Convention of the American Medical Association, to be held in Richmond, Va. in May next. Dr. Rockwell, President of the Society, is the Chairman of the delegation, which numbers twenty-five. We shall publish the names in our next.

Personal.

The editor of the New-York Medical Gazette takes occasion to acquaint the friends and patrons of this journal that the earnest good wishes expressed to him daily from so many correspondents, are highly appreciated. The success of the paper, and the increasing extent of its circulation, as well as the warm approval of its conduct in all respects, from so numerous sources, he assures them are not undervalued.

Already we have a larger subscription in the city and state of New-York, than has ever before been acquired by any medical journal issued in New-York; and this without any other effort than the voluntary exertions of a few friends, beyond mailing an occasional extra number. The Gazette has now paying subscribers scattered over 26 States of this Union, so that it circulates from the St. Lawrence to California. Every mail brings us new subscribers, who find it easy to enclose a *gold dollar* which pays for the year, and many of whom send for the back numbers from the beginning, now including fifty-five numbers, and thus far we have been able to supply them.

Circulating so extensively, and almost wholly among physicians, and those of kindred professions, Dentists, Apothecaries, and Medical Students, it is obviously an eligible medium for advertisements, which it will be seen are inserted at very moderate rates. Such patronage is very respectfully solicited, as it is only by such, that the paper can be afforded at its present low rate, and to an increase of advertisements we look to enable us to enlarge the paper without raising its price. This we hope to do shortly, for at present, as heretofore, we are favored with as many advertisements as we can possibly find room for, without enlarging beyond our present size.

The suggestions we have received from numerous friends, to double the size and price of the paper, and to issue it monthly instead of bi-weekly, are under consideration for the fourth volume, which begins in January next. Neither change is practicable this year, though we sadly need more room than our contracted limits afford. The views of our distant patrons are solicited, when remitting the amount of their subscriptions.

We have on hand a number of communications, reports of cases, criticisms, &c. which are unavoidably delayed, as are also several editorial notices of colleges, circulars, books, &c. so that a *double number* will shortly be required to bring up arrears.

Ovariectomy.

Mr. Lizars published, in 1825, his cases of operations for the removal of diseased ovaries. Those operations acquired a species of unenviable notoriety. At the present day, experienced surgeons not only do not recommend but absolutely discountenance ovarian excisions. In two of Mr. Lizars' cases, after the abdomen had been laid open by extensive incisions, and thoroughly explored in search of ovarian tumors, no disease of the ovaries was found to exist. The patients, however, recovered, and it remained proved from these cases, as well as from others of a similar character, that the peritoneum could be extensively opened, and that the lesion to the serous membrane, although extensive, was not necessarily fatal.

This ascertained fact is probably the reason why attempts have been made, of late years, to revive an operation which, for the honor of science, had better be expunged from the list of surgical operations upon the living body. There is no difficulty in making a large section of the abdominal parietes, and extracting a diseased mass from the cavity of the abdomen or pelvis, but the correlative facts attendant upon the pathological conditions are such as to deter the best surgeons from the use of the knife, or from sanctioning either by silent or expressed approval, the resort by others to the same irrational expedient.

Reports of recent discussions before medical societies in London, in relation to the propriety of performing large abdominal sections to remove ovarian tumors, show that Lawrence, Guthrie, Brodie, and other distinguished English surgeons, are all opposed to operations of this kind.

For some time after Lizars' attempts to remove diseased ovaria, the operation fell into disuse, but more recently, certain surgeons, seeking notoriety, have recurred to it, and, taking every thing into consideration, with but little better success.

We have cases published in England by Messrs. Clay, Southam, Walne, etc. and in this country, from Dr. Atlee, and others, wherein each seeks to plume his wings upon a removed diseased ovarium of a given weight, and presenting certain pathological and microscopical peculiarities.

We are indebted to Dr. Atlee for a very complete table of all the operations of this class performed during the last century or two. It establishes that a large amount of life has been prematurely destroyed by these large abdominal sections. In fact, we feel justified in denouncing the operation for the excision of ovarian tumors as not warranted by humane surgery. We subjoin the following remarks from the Edinburgh Medical and Surgical Journal:

* * * "Now, the question for consideration is, are we warranted to recommend or to perform an operation which proves fatal to one out of every three cases? That is to say, is it allowable to sacrifice one human being for the benefit of two survivors? Those who have appeared as the most strenuous advocates for the operation, assert that the abdominal incision for the removal of diseased ovaria is as legitimate an operation as amputation of the thigh, the operation for hernia, for stone, or other great surgical operations, seeing that the mortality is not greater than that which attends these operations." We shall, therefore, very shortly attempt to point out the proper light in which we conceive this question ought to be viewed.

"If we look alone to the mortality, independent of all other considerations, and assume the above tables as correct, in giving the ratio of mortality for the large abdominal incision, we find that the mortality is not greater than for other extensive surgical operations. Thus M. Maligne has shown that in all the Parisian hospitals, from 1835 to 1840 inclusive, two hundred and one amputations of the thigh took place, but of this number one hundred and twenty-six died; and the result of amputations of all kinds showed a mortality of thirty-eight in the hundred for pathological causes, and forty-nine in a hundred for traumatic causes. M. Textor, on the other hand, in mentioning the statistics of strangulated hernia treated at Wurtzbourg, from 1836 to 1842, mentions that, of those subjected to an operation, thirty-two were cured, and twenty-four died, or three out of every seven cases; while at Paris, the mortality was four out of every seven cases.

"All this would seem, therefore, to be a strong proof of the legitimacy of the abdominal section, seeing that the mortality is not so high for it as for these surgical operations.

"This is quite true; but the difference between the one operation and the other is this, that the one saves three out of every seven patients, who could not, by any possibility, survive even a few days were the operation not performed; and the other sacrifices one unnecessarily to prolong for a few months or years the lives of two who would perhaps, after all, have lived as long had no operation been performed.

"In the one case, the amputation, or operation for hernia, is performed for the legitimate purpose of saving life which otherwise could not be saved; in the other case, as the abdominal section, life is heedlessly sacrificed, in the attempt to relieve what, after all, is only a

burden, and has never yet been proved to shorten the average duration of human life.

"In the one case the surgeon is acting in conformity with the highest principles of humanity and morality, doing all he can to save the life of a fellow creature; in the other, while we cannot deny that he may conscientiously believe that he is undertaking what is to save life, we fear he is influenced more by the eclat of performing a great and dangerous operation.

"But independently of this moral objection, and we hold it to be of itself unanswerable, there is another which the history of the cases of abdominal section painfully point out. This is the impossibility of detecting beforehand whether the case be a proper one for the operation or not. Thus the above table shows, that out of forty-two cases which were operated on, in nine either no tumor was found, or it had contracted such firm adhesions to the surrounding organs that it could not be removed. Now, we would calmly ask those men who defend this operation, if it be consistent with the common principles of surgery to risk unnecessarily the life of every fourth patient by performing a dangerous operation, which will fail to relieve her in any way, and which will necessarily kill one out of every three subjected to it? Is it not, on the other hand, the first principle of the surgical department of the healing art, that an operation is never to be performed, till all the resources of the art have failed to relieve the patient, and the delaying an operation would be attended with fatal consequences? Is it not, in fact, to save life that every great operation is performed, and only then when it is apparent that it offers the only means of preserving the life of the individual?

"But what is the case with those laboring under ovarian diseases? They may not only survive for years, but, by appropriate medical treatment, the tumor may in many be greatly reduced or rendered stationary. But even if this desirable end should not be obtained, we know that life may be prolonged for an indefinite period without having recourse to extirpation. The tumor may be again and again evacuated of its fluid contents with comparatively little risk to the patient's existence; and those cases in which the tumor is more solid are the very ones which even the advocates for the abdominal section allow are unfit for operation.

"An unbiased and calm review of all these points cannot fail to satisfy every one but those who take this means of bringing themselves into notoriety, that the abdominal section for the removal of the ovarian tumors is uncalled for, is an useless sacrifice of human life, and never can become one of the legitimate operations of surgery."

A Dr. Blackman is assailing, through the New-York Journal, the report of Professor Carnochan's great operation for the removal of the lower jaw. The animus of the article, and the hostile spirit by which it is characterized, will doubtless call forth a reply, such as it has gratuitously provoked. *Palmam qui meruit, ferat.*

Advertising Doctors.

Extract from the code of Ethics adopted by the National Medical Association.

"It is derogatory to the dignity of the profession, to resort to *public advertisements, or private cards and handbills*, inviting the attention of individuals affected with particular diseases,—*publicly offering advice and medicine to the poor gratis, &c.*"

The foregoing extract is cited in view of the fact which is notorious, that the Faculty of the University of the city of New-York has long been in the habit of these precise "practices of empirics," which are declared by the same code to be "highly reprehensible in a regular physician." Having long since rebuked these unprofessional devices of quackery, for such they are in however high places they are adopted, our attention has been renewedly called to the subject by the recent advertisement of *Professor Valentine Mott*, in the penny and two-penny papers of the city, "publicly offering advice and medicine to the poor gratis" in open violation of the above ethical rule, under the cover of the "college clinique" at the University in 14th-street.

Our readers are aware of our exalted estimate of Dr. Mott, so often expressed; nor are our opinions changed as to his character or ability, either as a teacher or practitioner. But the higher the position he has ever held in our esteem, the greater our regret and humiliation to find his name associated with aught that is "derogatory to the dignity of the profession." Grant that it is the fruit of his recent renewal of associations with the men who have repented of having "eaten the oyster, and thrown away the shell;" yet he should not soil his professional ermine, by consenting to any course unworthy of himself, and declared by our highest medical authority to be "highly reprehensible in a regular physician."

The influence of his example in this particular cannot fail to enlist a host of imitators, who may deluge the newspapers with similar advertisements with impunity. For if "college cliniques" and those who hold them, may thus trample on the code of ethics, and our "Academy of Medicine" fail to discipline the offenders, by what rule is any member of the profession to be shunned and ostracized as a quack, and even refused admission into the "Academy" who commits no other offence than to advertise the clinique held in his office, and with the same stale trick of "Advice to the poor gratis?" We pause for a reply;—for we hold that no privileges of exemption from established ethical rules can be justly claimed by *professors*, to which every other member of the profession is not equally entitled.

Our neighbor of the Scalpel, a pupil of Dr. Mott, has been denounced and proscribed for years past, no other offence having been alleged than that of following the footsteps of his illustrious master, by becoming what has been opprobriously termed an "advertising doctor."

The indignation of the whole medical fraternity has been

invoked against a "certain college" for having conferred the honors of the profession upon an individual in this city, because of his alleged "advertisements" to treat a certain class of patients, which were never a whit more exceptionable than the advertisement now appearing by Dr. Mott. And though, like every body else in the profession, he doubtless treated the "poor gratis," yet even he refrained from "publicly offering" to do so by advertisements in the Herald.

We could name an individual Oculist of this city, of sterling worth as a man, and acknowledged ability of a high order in his profession, who because he announced himself on his arrival in the country, by advertisements in the secular papers, setting forth his lectures, his cliniques and his "operations on the poor gratis," has been persecuted, and even insulted by professional dignitaries, until his sensitive nature, and modest merit had to be developed in the shade of that Coventry to which he had been consigned, and yet he has long since constrained the respect of the very men who proscribed him, by his reputation and success. Dr. W. will bear with us for giving his initial, because we wish to be understood.

To speak plainly, as is our wont, the profession generally, here and elsewhere, are becoming sensitive on the subject of these "advertisements" and other ethical improprieties, endured when committed by Professors, and punished among what some are pleased to call, the laity of the profession. For example, wherein consists the difference between the "advertisements" of the following *M. D.'s*, except that they hail from different colleges. They all equally violate the ethical rule above cited by advertising; and as to publicly offering advice to the poor gratis, this is declared to be a double offence.

The same paper and class of newspapers will be found to contain the "advertisements" of the following gentlemen, whose name and titles, with their source, are appended, and equally unprofessional, according to the code:

1. Valentine Mott, an M. D. of Columbia College, N. Y.
2. Edward H. Dixon, an M. D. of Rutgers Medical College, N. Y.
3. Solomon Heine, an M. D. of College of Physicians and Surgeons, N. Y.
4. W. B. Moffatt, an M. D. of College of Physicians and Surgeons, N. Y.
5. T. L. Nichols, an M. D. of University of the City of N. Y.

&c. &c. &c. for we might name a score and more who are in the same category, for there is not a form of quackery which has not its representative, who is an M. D. or whose advertisements are any more unprofessional than are those of all the college cliniques and those who conduct and advertise them. If there be any difference in their demerit, or in the degradation they inflict upon the profession, or in their mercenary character; the more respectable and wealthy the advertiser,

the less he is to be excused. Others may plead with the ancient in the play

"My poverty, and not my will consents."

It is not for us to erect any other standard than that which has been sanctioned by the representatives of the whole profession. To this we are ourselves amenable, and our creed is to hold others, of every rank and degree in the fraternity, equally responsible. If our professional *law* above cited is a good one, let it be enforced against all offenders without discrimination, by the infliction of its penalty. If it be a bad one, the sooner it is abolished the better. But let not one man be tolerated as an M. D. in advertising Sarsaparilla, Life Pills, Homœopathic, Hydropathic, Magnetic, and other wares, nor in publicly offering surgical advice and operations to the poor gratis;—while another is pursued and hunted down for being an "advertising doctor" after his own fashion. We plead for equal and exact justice in the premises, and our press shall fearlessly award it. We bide our time, and have no apprehension of the response of the profession, for we are daily in the receipt of the best kind of evidence, that our course is approved by the men whose approbation would be esteemed an honor where they are known; and with such support this press cannot be muzzled by any clique, nor shall we be either bribed or intimidated into silence.

Dr. Drake's Discourses.

The Nestor of the profession in the West—that well-known veteran, Professor Daniel Drake, has lately pronounced two discourses before the Cincinnati Medical Library Association, which have been published, and will add to the deservedly high reputation of their author.

The subject of the first discourse is that of the "Early Physicians, Scenery, and Society of Cincinnati," while the second is on the "Origin and Influence of Medical Periodical Literature, and the Benefits of Public Medical Libraries." We shall hereafter enrich our columns with an occasional extract. It is inscribed to Professor Dickson, of Charleston, South Carolina.

Neill on the Nerves.

A second edition of the "Outlines of the Nerves," by John Neill, M. D. &c. of Philadelphia, has been issued by Barrington & Haswell, which will be sought for by students as auxiliary to their pursuit of anatomical knowledge. It is designed to accompany the author's work on the Arteries, and is published in the same style.

Mental Alchemy at Metropolitan Hall.

In our last Number we took occasion to allude, in appropriate terms, to the ludicrous fatuity manifested by the populace, in consenting to be gulled out of their

wits and their money by a peripatetic mountebank, who is victimising the flats at Metropolitan Hall by dignifying his tom-foolery with the name of science.

We resume the subject now, having learned that the infatuation is protracted, though the farce is becoming less patronized, and the number of its dupes has greatly fallen off. And we do so for the benefit of the few who seem to think there is still something mysterious in the "experiments," while they fully perceive the knavery of the self-dubbed Professor, and his gross ignorance of any species of science, of which he presumes to prate, as well as the consummate impudence which we alleged in our last article.

What then is Alchemy? Webster replies: "A pretended science, much cultivated from the thirteenth to the seventeenth century, but now held in contempt." Its avowed object was to find the philosopher's stone, which should transmute all the baser metals into gold. Its practitioners had many followers, whose gold they contrived to transmute into their own pockets by their occult art—an "experiment" in which the Professor is au fait, judging from the number of *quarters* left at his door by his visitors. Hence his profession may fitly be compared with Alchemy, defined to be "*Ars, sine arte, ejus principium est mentiri, medium laborare, et finis mendicare*," which may be freely translated thus, viz.: "An art which is not an art; whose beginning is lying, whose middle is working, and whose end is begging." Professor Williams is entitled to the name of Alchemist, and is welcome to its definition.

But we protest, "in the name of all the heathen gods at once," against his prostituting the word "Mental" to his base uses. The only mental phenomenon he exhibits, is that of contriving to *live by his wits without work*. Surely there can be nothing mental in his experiments, when people "electrify themselves by pinching their thumbs and shutting their eyes." There can be nothing mental in his stentorian cries of "All right!" though he does smite with the hand and stamp with the foot when he selects his pliant tools, and issues his orders in thunder tones, demanding obedience to his potent will. It was only, *Vox et preterea nihil!* What is there mental in teaching them to run from a snake, to smell offensive odors, or to feign drunkenness. Alchemy and humbuggery it is; but it is a scandalous libel on *mind* to name it in this connection; for they who are deceived by any one of his tricks deserve the verdict of *non compos mentis*, if, indeed, they be not utterly demented. From the specimens we saw upon the stage, and those emerging from his class-room, we suspect that it would puzzle a physiognomist, or even a phrenologist to find any mental indication, either in their facial angles or protruding bumps. The lecturer's mental bumps would have to be sought in his heels.

Finally, nothing can be plainer to all who witness the experiments, so-called, than this: that there is no one among all the subjects who has ever been on the

stage, by whom any performance has been shown which could not easily have been imitated or counterfeited, and this, too, by any blockhead who would so degrade himself as thus to seek notoriety by prolonging the humbug. It would be easy to train a subject by a few lessons to play either part—that of Williams or his subjects, and excel them all. This will not be denied. The only point at which any of the performances would fail in such a mimic exhibition, if the parties were honest men, would be in their refusal to affirm the lie that they “could not resist the influence” of the lecturer, which, for the sake of their consciences, might be omitted from the farce.

To be grave on such a topic exceeds all power of face, and yet we cannot forbear reminding all who think, that it is unphilosophical and absurd to assign more causes for any effect than are necessary to produce it. And as it is obvious that all the effects ascribed to Mental Alchemy may be accounted for by supposing all parties to be knaves, though it may be bad charity, it is nevertheless good logic, not to seek for any other source of the marvels, which make some weak brethren and female sisters stare, and consent that there must be something in it! The same logic of common sense will relieve the “silly women” of both sexes from the tricks of all mesmeric-sleepers, spiritual-rappers, and other forms of imposture. Let it only be admitted that in the world of miracle-mongering, in the language of the Psalmist, “All men are liars,” and women too, whenever they seem to be what they are not, or pretend to any marvels which can be counterfeited by anybody who choose to do so under false pretences. We have long since learned, by dealing with kindred impostors, that “there is the least dependence upon mankind of any people in the world.”

New-York Journal of Medicine.

The March Number is out, and with its usual variety of original and selected matter. Dr. Stephen W. Williams contributes a paper on the novelties and improvements of the last half century. Dr. Bryan another on tumors, with cases. Dr. Stephen Smith one upon rare forms of dislocation, citing cases by Professor Parker, and another on the surgical treatment of Epilepsy. Dr. Litten a case of Dislocated Femur, reduced without pulleys. Dr. Lidell on the Medical Topography, &c. of the Isthmus of Panama. And Dr. Van Buren reports the details of his fatal case of Ovariectomy, of which our readers have been apprised. It is a singular coincidence that the “retrospect” of this number contains another fatal case of Ovariectomy by Dr. Bennet of Danbury. The death in the last case is ascribed to “exhaustion,” while Dr. Van Buren accounts for the mortality by “intense and overwhelming peritonitis,” though no surgeon who reads his report will be at any loss to attribute the fatal result, in both cases, to the

mistake of the surgeons in consenting to operate at all; and the still greater mistake of the unfortunate patients, who ought to have been better advised, for they might have lived longer but for “meddlesome surgery” by ambitious operators. Dr. Van Buren, after the patient was dead, in thirty-nine hours from the operation, discovered that the tumor removed by his knife was “a magnificent specimen of *encephaloid cancer*, or true *fungus hæmatodes!*” But the deed was done. May the lesson be heeded. See Article on page 86.

Professor T. D. Mitchell's Valedictory.

In the published lecture of this gentleman, at the recent commencement of the Philadelphia Medical College, we find some valuable statistics in relation to the schools of that city, for the sake of which, we insert the following extract from its conclusion:

“As a very significant parting memento, allow me to lay before you some statistics that deeply concern the future fame, as well as the past history, of your *Alma Mater*. They are given here, not for the purpose of invidious comparison, but as matters of fact that cannot be controverted. From the first day of its existence in 1708 down to 1818, a period of fifty years, the *University of Pennsylvania*, once the only school in this city, and almost the only one in America, did not furnish an annual average of more than twenty graduates. In the first eight years of *Jefferson Medical College*, although urged onward by an unparalleled popular current, and with but a single rival, the average of the graduating classes did not exceed twenty-eight per annum. These items are gathered from official documents published by the schools referred to, and are, therefore, reliable. How stand the facts in respect of the school whence you derive your testimonials? Let us see.

“The *Philadelphia College of Medicine* was incorporated in the month of January, 1847, and was then the fifth regular chartered school in this city. In its first course of instruction, commenced less than five years ago, the speaker had the honor to teach in three departments, and to assist in the investiture of seventeen young gentlemen with the Doctorate. And now, at the termination of its fifth collegiate year, it presents to the world an aggregate of success far surpassing that of the oldest institutions in this great metropolis, this renowned emporium of medical science. The entire number of matriculants on our register to this day is *nine hundred and eight*, and of graduates *two hundred and seventy-seven*, exclusive of those admitted to the *ad eundem* degree, making an annual average of *one hundred and eighty-one* matriculants, *fifty-five* graduates; thus confirming a statement of a late announcement, that we graduate fewer persons, in proportion to our matriculant list, than any other medical school in America.

“Permit a brief recapitulation.

Average annual class of graduates in the University of Pennsylvania, in its first 50 years, 20

Average annual class of graduates in the Jefferson Medical College, in its first 8 years,	28
Do. do. do. do. in the Philadelphia College of Medicine, in its first 5 years,	55

It will be said that this obvious disparity is due to the fact that, in addition to the *Winter* session, which opens in the middle of October and closes with February, we have a *Spring* course of lectures, reaching from the 8th day of March to the 10th day of July. But, be it known, from Maine to California and Oregon, that by no other school in all this region has the attempt been risked, to give two full and complete courses of lectures per annum, each terminating with a regular commencement for conferring the degree of doctor of medicine; and the result of the enterprise stands out to-day with a prominence that no amount of sophistry or envy can annihilate, or even overshadow. The Philadelphia College has decided the question of the propriety of a *Spring Session*, by actual and successful experiment. It commends itself to the entire profession, but especially to all Southern pupils, whose constitutions cannot endure the severity of a hard, Northern winter. Its exemption, too, from the protracted holidays of the winter session, invests it substantially with the duration of a full term.

"You are all aware gentlemen, that in relation to the spring, as well as to the winter course, we require satisfactory evidence that our candidates have been students of medicine for the term of three years, under the care of regular practitioners. You know that all our candidates are expected to avail themselves of the advantages of hospital practice, for at least one session; and that it is our custom to recapitulate, from day to day, throughout the course of lectures, by question and answer, so as to fix the instruction permanently in the minds of our hearers. Your own observation, in respect of the spring session, has abundantly satisfied you that it is quite as available as the winter course, here or anywhere, for all the ends of public medical tuition; and the imitation of our practice by the noble High School of Philadelphia is unanswerable evidence that it will be sustained by the voice of public sentiment.

"The graduating class, now about to bid adieu to the halls endeared by so many reminiscences, presents the following aspect. Of the entire number, there had attended lectures in other medical schools, prior to pupillage in the Philadelphia College, as follows:—

In the University of Pennsylvania,	1
" Jefferson Medical College,	1
" University of New-York,	1
" Charleston, South Carolina,	5
" Lexington, Kentucky,	1
" Albany, New-York,	1
" Castleton, Vermont,	1
" Bowdoin College, Maine,	1
" Baltimore, Maryland,	1
" Belfast, Ireland,	1

"Other facts merit notice, here, with something like speciality. The great Blockley Hospital, located on the western margin of the Schuylkill, well known as one of the largest infirmaries in our country, has within its walls six resident physicians, who are chosen by a board of managers, with especial reference to capacity. The competition for this post of honor and promotion is usually an exciting affair; and yet our graduate list has furnished at least four of the actual incumbents. In Saint Joseph's Hospital, located in the western portion of the city, another of our alumni holds the responsible position of resident medical attendant. Of the vaccine physicians, selected by the commissioners of the adjoining districts, at least three are proud to call themselves graduates of the Philadelphia College. In the magnificent State Lunatic Asylum, located on one of the hills that border the Susquehanna, are two physicians appointed by authority of the Commonwealth of Pennsylvania, one of them having procured his diploma from the school which you and I have the honor of representing here to-day.

"But, gentlemen, cast your eye over the great waters, and survey the vast hospitals and splendid medical schools of Paris; and you may discover in the crowd some aspirants for fame, who but lately made their exodus from this spot, crowned with the same honors that now rest on you. They have realized a position as honorable and as profitable as falls to the lot of graduates from any school in the world; and you will meet as cordial a welcome there, should it be the good fortune of any of your number to make the experiment.

"If such has been the result of our enterprise thus far, what will the coming five years develop? Echo loudly answers, what?

"Is this the twilight lustre?

What the effulgence of the mid-day sun,
When the young giant, in its strength mature,
The magic wand shall wave, exclaiming,
'Tis enough?"

"Need I tell you that my colleagues intend to act their part in the drama in such a manner as to invest the future with a radiance and glory far exceeding the reality of past success? You know all this, gentlemen; ay, and you feel it, too, so deeply, that you cannot fail to urge the glad tidings on the wings of the wind, to the remotest corner of the land. But I will detain you no longer. In the name and behalf of my colleagues, I bid you an affectionate farewell."

Medical Improvements.

[From Dr. William's address on this subject before the Franklin county Mass. Medical Society, we make the following extract, containing statistics and comments on Medical schools, which will be startling to some of our readers, and comforting to others. We observe that in

enumerating 41 recognized medical colleges, he wholly omits that of the University of Michigan, at Ann Arbor, possibly for the reason that its instructions are free. In the character of its Faculty, however, and the numbers of its classes, it is quite equal to any, and superior to many of the 41 which he has designated.

He has very properly omitted all the Eclectic, Homœopathic, and Female Colleges from his enumerations, not regarding these as improvements, but rather marks of progressing backwards. The lack of discrimination in his eulogy upon all the schools of the country, will be regarded as a defect, in his excellent address. But we insert the extract, to speak for itself.]

"I have already mentioned, that at the commencement of the nineteenth century, but four medical colleges, or public medical schools, had been established in the United States, viz. the Medical University of Pennsylvania, the medical school of Columbia College, New-York, the medical school connected with Harvard College, and the medical school at Dartmouth College, established by Dr. Nathan Smith. No other medical school was established in the United States until the year 1806, when the Medical University of Maryland was opened at Baltimore. Now, more than forty respectable medical colleges are in successful operation in the United States; and every year augments the number. Of these, two are in Vermont, one in Maine, one in New-Hampshire, two in Massachusetts, one in Connecticut, six in New-York, four in Pennsylvania, two in Maryland, one in the District of Columbia, three in Virginia, one in South Carolina, one in Georgia, one in Louisiana, one in Tennessee, two in Kentucky, three in Ohio, two in Indiana, two in Illinois, two in Missouri, two in Wisconsin and one in Iowa. Seven of these are in New-England, ten in New-York and Pennsylvania, eight are in the Southern States, fifteen in the Western States, most of which, forty-five years ago, were only a howling wilderness, and had only been trodden by the footsteps of the savage Indian, prowling for prey, and of the beasts of the forest.

"At these schools are taught the following branches: Institutes of Medicine, Theory and Practice of Physic, Institutes and Practice of Surgery, Materia Medica, Medical Botany, Medical Jurisprudence, General, Descriptive and Surgical Anatomy, General Therapeutics, Midwifery, Diseases of Women and Children, Clinics and Chemistry. None of these have a term of less than four months duration, and many of them have adopted the regulation suggested by the American Medical Association, of a term of six months. There can be but little to choose between any of these schools. For the degree of the doctorate, they all require that the student, before commencing the study of his profession, shall be well acquainted with the English and Latin languages, and shall have a knowledge of Mathematics and Natural Philosophy; that he shall have studied three full years, including the time of lectures, with some regular practitioner of medicine; that he shall have attended two full courses of lectures in some of the accredited

schools of medicine in the country, and shall have passed through a regular examination before the college faculty of medicine, and a board of censors, and shall have read and defended a dissertation on some medical subject. Scarcely a greater requirement is demanded at any European Medical College, and certainly I believe that no greater facilities or opportunities for procuring a medical education can be obtained in Europe, than in the United States. If our young men now go abroad to pursue their medical studies, it may be more for the name of so doing, than for any real utility. If we continue to improve for the next fifty years, as fast as we have during the last half century, it will not be surprising, if it is as customary for European medical students to resort to America for the completion of their education, as it has heretofore been for American students to resort to Europe.

"It has been supposed by many, that the multiplication of medical schools in the United States was an evil greatly to be deplored, as that thereby the facilities for obtaining a medical education would be so great, that the standard of medical knowledge would be lowered, and that the country would be flooded with half educated physicians. Let us examine this subject. In forty medical schools in the United States, there probably attend annually about four thousand pupils, or, on an average, one hundred students to each school, which I believe is not far from the fact. It is supposed that at least one quarter of these receive the degree of the doctorate in each year. There are in the United States about twenty-five millions of inhabitants at the present time. It is supposed that about one physician is required for about one thousand inhabitants, which is a small estimate. This will give twenty-five thousand physicians to the population of the country. If the increase should be as great for the time to come as it has been for a few years past, one million of inhabitants will be annually added to our population, which will require one thousand physicians more a year, at the rate we have estimated, just about as many as now graduate. So that our forty schools can now be well sustained, and it will have room for the erection of many more new schools, which will undoubtedly be established and supported.

"When the Berkshire Medical Institution was established, in the year 1823, which was the fourteenth medical school organized in the Union, a hue and cry was raised against it in Boston and elsewhere, stating that the school was not needed, and that the multiplication of medical schools tended to increase empiricism; and an attempt was made to take away from her some of the privileges which were awarded to Harvard Medical College. The attempt was not successful. Berkshire went on her way rejoicing; and she has always kept pace with her rival at Boston in the number of her students, and her requirements for the doctorate have always been the same with those of Harvard. Some years she has even had more students than the school

at Boston. It is now almost universally acknowledged that as good a medical education can be obtained at Berkshire, as at Boston. There was the same opposition to the Jefferson Medical College, at Philadelphia, by the University of Pennsylvania; and although by many the University has been considered the best medical school in the Union, it is now generally acknowledged that Jefferson Medical College is in every respect equal to her, both in point of numbers and requirements. These remarks show that our medical schools are not increasing too rapidly."

Ohio Medical Journal.

Dr. Howard, in a recent editorial has taken exceptions to the endorsement of Dr. Wood's late pamphlet, by the Faculty at Buffalo, and publishes in his last number a reply and defence, to which we give place, written, as it will be seen, by one of the Professors. In a rejoinder, which accompanies the letter, Dr. Howard shows that his opinion of the demerits of the publication in dispute remains unchanged. Our readers will form their own opinions, but in our judgment Professor Lee has done himself credit, by this correspondence, which contains more truth than poetry.

LETTER FROM PROFESSOR LEE.

"MY DEAR SIR: In the last number of your Journal I notice, in a review of Dr. Wood's "*Hints to the People upon the Profession of Medicine*," published by Mr. Derby, of this city, some animadversions upon myself and colleagues of the Buffalo Medical College, for a recommendation of the same, as found in your advertisements. It is due to myself to say that my name was appended to said recommendation without my knowledge and consent, and while I was absent in New-York. I am also authorized in saying that Professor Hadley, and probably others, whose names are appended thereto, never saw the paper until published in your Journal.

"The remarks you have quoted, doubtless, do great injustice to our medical schools, and the character of medical students, and are altogether unworthy of the author of the essay in which they appear. I disapprove of them as much as you do, and regret that, through inadvertence, probably, they were allowed to go forth to the world; for I have so much confidence in the candor and good sense of the author, that I have no doubt he would have suppressed them, had he given the matter a little reflection. But still, they are but as spots on the disc of the sun, resplendent with light and glory; and as I look upon the essay as a whole, I see there specks, no more than I do the natural spots on the sun's surface, which require a smoked glass, or a telescope, in order to bring them into view. Had I been applied to, I am free to say, I should have recommended the essay; not supposing, however, that by so doing, I should have been understood as endorsing every sentiment and statement therein contained, just

as you publish many things, which you would hardly be willing to endorse, and perhaps decidedly disapprove. We must be a little charitable towards each other, and not be hasty to condemn where the motives appear to be praiseworthy. It has been the fashion with some uneasy spirits to find fault with medical schools and medical education; to run down every thing indigenous, and praise every thing of exotic growth; to preach incessantly—*reform, reform*, without the slightest effort to reform themselves, or do any thing to advance the progress of medical education, or improve the state of the profession. It is the easiest thing in the world to grumble and find fault, and more individuals, doubtless, suppose that by so doing they show their own superiority; but all honorable and candid minds draw a different conclusion. If we look at the state of the medical profession in the United States, as it existed twenty years ago, and compare it with the present, we see a most astonishing advance in medical education, greater than can be shown in any other profession or calling, and the change must chiefly be attributed to the superior instruction furnished by our Medical Colleges. An improvement has been constantly going on, and if the *croakers* would but lend a hand, and be a little more particular with regard to the character, and preliminary education and qualifications of those whom they admit into their offices as private students, we should in a few years see a still more rapid improvement, and we should not be accused of graduating those who are unfit to be enrolled as members of the profession.

"The Israelites would doubtless have furnished good brick, if they had only had *straw*, as our Medical Colleges will turn out good doctors, if they have the proper materials. I would as soon think of making the axle of a railroad car out of white-wood, or a dwelling of corn-cobs, or seeing wooden nutmegs fructify, as a scientific, well-qualified practitioner out of some of the material that is sent us; and yet we are required not only to furnish instruction, but brains; to furnish the inner, and polish the outer man; to improve the morals, and finish the manners; to turn out, in short, none but Sydenhams and Boerhaaves, Hunters, Gregorys, Coopers, Lawrences, Rushs, and Godmans. Well, we will do all we can; but our brethren must not be too exacting; in general they are not; the grumblers are comparatively few, and yearly growing fewer; but we beseech them to be a little more particular as to the material which is supplied to our medical schools; for corn does not yield wheat flour, nor squash-seed, water-melons; nor cheat change into wheat. Let them but do their part, we will then do ours. Let us cultivate a good understanding, and pull all together, and not stand grumbling and fault-finding, when there is need for united and constant exertion. But, to return to Dr. Wood's essay,—I am willing to have it go forth as it is; though I should prefer to see the unsightly excrescences you have pointed out lopped off. It is calculated to do great good, and I desire, therefore, to see it widely

circulated. A physician whose beat is infested with piratical marauders and interlopers, quacks, who are trying to climb up some other way, and poach upon their honest neighbor's possessions, should go armed with these pamphlets for gratuitous circulation. They will prove as fatal to the whole tribe as arsenic to rats; whether they be homœopathic, hydropathic, eclectic, botanic, or mesmeric. Their name is legion. I am willing to risk any contingent evil, for the certain good which they will produce. The essay shows a masterly mind—a comprehensive, philosophical, far-reaching intellect, which views a subject in all its bearings and relations, and illustrates, with a clearness of a sun-beam. Honor then, to whom honor is due; and let us not seek for smoked glass, or magnifying lenses, to discover specks and spots; but hail the blessed light, and rejoice in its beams.

Truly, your friend,

CHARLES A. LEE, M.D."

Buffalo, January 26, 1852.

Something Rich.

PHOSPHATE OF LIME.

Verily, there is nothing new under the sun. Even the idea which seems to come fresh from the coinage of a creative mind, is but a resurrection of the buried memory of a thought that has lain in "cold obstruction" for centuries, and the Phosphate of lime finds its prototype in Album Græcum! In the cause of science a man must make some sacrifice of modesty, and we will be excused by all liberal minded persons if the adoption of a vulgar vernacular becomes necessary in a dissertation upon the historical virtues of the Stercus Canium Album; in plain English, white dog dung! According to authority it consists almost wholly of Phosphate of lime, and was a long time since, thank God—esteemed a marvellous remedy in many diseases.

Has any deep-seeking inquirer into the mysteries of human faith, ever learned the secret of that confidence which is so strangely reposed in these stercoracious abominations of the domestic pharmacopœia. Even Dr. Dunglison, for whom we entertain the highest regard, sets out dog dung in his dictionary in all the priggish affectation of Greek and Latin.

Many there are, in our generation, of those inspired blockheads who profess an instinctive knowledge of medicine, and entertain a robust faith in the curative virtues of barn-yard poultices; the cumfarty elecampane wizards, who abjure doctors' means, do worlds of wonders with yarbs and spells, and gravely tell you, with an air of superior wisdom, that sheep saffron is powerful for a sweat. We have an oath registered on the records of early boyhood, which stands with the accumulated interest of a good many years unprofitably spent, against an old granny who watched us through our spell of measles and doctored us, in despite of our desperate resistance, with physic which cost nothing more than a daily walk to the sheep pasture. There

are some wrongs which time may palliate and reparation cure; but to sully the pride of budding manhood by a dose so diabolical, is an outrage of a die so deep, that, by the memory of an outraged stomach, we can scarcely now muster christian charity enough to forgive it, although its author has been for many years in Abraham's bosom.

The last, freshest, foulest abomination that we have heard of, was reported to us by our trusty friend, J. H. Would that we could place his face and pantomime before our readers, to aid the description which he gave us of the new remedy. Our friend, in company with a companion, who is also responsible for the truth of the narrative, was called into some of the remote counties of the State, during the latter part of the summer, on business. One of the districts visited by them had been severely ravaged by dysentery, in that fatal form which, under the name of "bloody flux," has filled so many graves in Kentucky.

The disease was talked of everywhere, and our friends heard many remedies that succeeded in miraculously "curing every case after the doctors had failed." The crowning essence was revealed to them by a host who had cured several of his family, and took some himself by way of experiment. We give this part of the story in the language of the old gentleman, as it was reported to us by our friend. "You must go out early in the morning while the dew is on the ground, to the hog-pen; look around and find the jinted dung of the swine—no other will answer—take the middle jints and bile them down to a syrup, and give freely for effect!!!" Compound concentrated syrup of hog d—g; warranted to cure coughs, colds, cancers, consumptions, cramps, &c. &c. &c.—Prepared after the process of the celebrated Baron Von Thundermug!

We have heard it gravely suggested, that quite a number of the most celebrated quack remedies are—between you and I, kind reader—composed of some of the above elements. Think of that, ye dainty dyspeptics, with your dinner pills and digestive fluids.—Think, as the sugar-coated pellet rolls over your gullet on its way to the gaping abyss beneath, that it may be a gilded deception, and that an aromatic ball from one sheep's bowels is thus on its road through those of a second. Your Pepsin, my dear madam, and those nice homœopathic pillules, may be Album Græcum, after all that the chemist says about milk and sugar; and, there, by the way, that fat gentleman has just bolted an egregious bolus of the Comp. Conc. Extr. of H—g D—g, supposing, innocent man, that it is, as its name implies, a Comp. Extract of Sarsaparilla, or some other neutral substance. Get the filth from your stomachs, gentlemen; and, in future, beware of quack medicines.

Trans. Med. Journal

The promised extracts from Dr. Jackson's pamphlet on the proposed re-organization of the National Medical Association, are crowded out of this number.

Miscellaneous Items.

It is rumored that another professorship is in the market already in the New-York University, by the resignation of the Professor of Practice, so that another of the *subs* is in expectancy of promotion to the "expensive luxury" of lecturing as one of the *governing faculty*! The surest passport to an appointment would seem to be, relationship to an Emeritus professor, who may be gained over by the appointment of his *son-in-law*, this being a paramount claim, more important than either knowledge or experience.

We learn from Philadelphia, that the Pennsylvania Medical College is about to change hands, a new Faculty being on the eve of organization. We repeat our conviction heretofore expressed, that not more than three Medical Colleges can be sustained in our sister city, and again suggest to the powers that be, amalgamation with the Philadelphia College of Medicine, as the dictate of policy and duty.

The "Eclectic Medical College," and the "Metropolitan Medical College," are the names given to the two projected new schools, which are before the Legislature of this State for incorporation, both to be located in this city, should they succeed in obtaining a charter. Competition is the life of business, though the manufacture of doctors is a trade, which can be overdone by our three regularly established Faculties.

The commencements of our several New-York Schools have recently been held. Professor Stevens delivered the usual Hippocratican eulogy at the College of Physicians and Surgeons, and conferred the degree of M. D. on fifty-nine of the class. Professor Doremus and the Hon. Mr. Marsh, one of the Trustees, addressed the graduating class of the New-York Medical College, which numbered twenty-one. Professor Bedford pronounced the valedictory to the University class, which numbered ninety-eight. He assured the young gentlemen that they were now perfectly "*equal to their professors*!" but whether he meant that the ninety-eight were equal to the fourteen, including governing and non-governing professors; or whether he pronounced each of the ninety-eight equal to any one of the faculty, including himself, was not apparent. In either case, it was a high compliment, coming from such a source. It seems, however, that all did not appreciate it, for one of them was overheard to say, on retiring, that he had no ambition to be *equal* to the orator in *gas*.

The course of Clinical lectures at the New-York Hospital is now in progress. The summer course by the non-governing Faculty at the New-York University is yet in embryo, and must be made free to all, in order to get even a handful of students. That twenty-five dollars! for the course, to be deducted from the fees of the next winter, is so transparent a device, to get students committed for the year, that not even the flats will take the hook. The course of *free* lectures at the New-York

Medical College in Thirteenth-street, will commence next Monday. See announcement on first page.

The first number of a New-York Journal of Pharmacy appeared in January, and we hailed its advent and predicted its success. No other number has yet reached us, and we fear that its future issue is delayed from some cause. It is scarcely possible that the committee are waiting for the ten thousand dollars from the State Treasury, application for which is pending at Albany. Our own opinion is, that those schools and journals, which cannot sustain themselves without the public money, "ought to break," and the sooner the better. They are all conducted for private emolument, and if so, have no claim on the State.

Two circulars have simultaneously reached us, which resemble each other in being issued in letter form, and obviously designed to be mailed to the profession individually. The one is that of the University of New-York appealing to the profession to sustain them in their new organization, and is printed on letter paper. The other is the circular of Samuel M. Elliott, M. D., artistically lithographed, and announcing his course of lectures on the anatomy, physiology, pathology, and therapeutics of the human eye, together with the *fac simile* of certificates commending the lecturer in the highest terms, and bearing the well known signatures of Professors *Mott, Draper, Pattison, Dickson* and *Goldsmith*, with life-like exactitude, having been engraved from the originals. We can discover no difference in these similar documents, except that the latter offers instruction without money and without price; while the burden of the former is in relation to the *FEES*!

The project of educating Female Dentists is now gravely urged on the ground that it is indelicate for operations on the teeth of ladies to be performed by *males*. What next?

The Governors of the New-York Hospital have resolved not to admit cases of Typhus or Ship Fever into their wards hereafter, lest the *contagion* shall endanger the other inmates. During the last year more than fifty thousand dollars of public money was expended for new buildings and new modelling the old ones, on the avowed pretext that the free ventilation required to protect the patients from the spread of infectious diseases, fevers included, demanded this heavy expenditure. The public had supposed that a Fever Hospital had been included in the vast improvements recently made, but it seems not. Some curiosity has been expressed whether the new regulation was made by the non-medical Governors, or whether they acted at the instance of the medical corps of the Hospital; for if the latter, they have certainly been mindful of their own safety, as well as that of their patients, which is very prudent and considerate. We hope that the other hospitals will still be open for the victims of ship fever, whatever may be the hazards of such medical service.

KIERSTED'S BREAST OINTMENT.

The attention of Physicians, Pharmacutists, and venders of Medicine, throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM GUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,

SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,
&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST, INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting a PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and superseding the use of Punctures, and almost always that of the Lancet. From its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

PREPARED ONLY BY

H. T. KIERSTED,

AND SOLD WHOLESALE AND RETAIL AT HIS

Drug, Chemical, and Family Medicine Store, No. 529 Broadway,
(cor. of Spring-street, New-York.)

* * It is also for sale at several of the principal Drug Stores in the city of New-York; and at present by the following Druggists, viz:

JAMES W. SMITH, cor. Court-st. and Montague Place,
RADCLIFF, BROTHERS, 169 Atlantic, cor. Clinton-st. Brooklyn,
ROSWELL VAN BUSKICK, cor. Market and Broad-st. Newark, N. J.
R. D. COVERT, Morristown, N. J.
C. S. CLAY, Kingston, Ulster County, N. Y.
H. G. FOWLER, Auburn, N. Y.
WILLIAM B. HAIGHT, Stamford, Ct. and
S. SAWYER, 124 Lake-st. Chicago, Ill.

A. B. & D. SANDS,

WHOLESALE DRUGGISTS,

No. 141 WILLIAM-STREET, CORNER OF FULTON, NEW-YORK.
Offer for sale for Cash, or an approved Credit, at the Lowest Market Prices a large and well-selected assortment of East India, Mediterranean, and European DRUGS AND MEDICINES, French, English and American Chemicals of all kinds.

LOW'S Genuine Brown WINDSOR and HONEY SOAPS, Perfumery Fancy Articles, Fancy Soaps, Brushes, Extracts, Bronzes, Trusses, Leeches Points and Oils, Dye Stuffs, Druggists' Labels, Window Glass, Surgical Instruments, Druggists' Glass Ware, Hatters' Goods, Shakers' Herbs and Roots,

GENUINE COD-LIVER OIL,

together with every Article comprising the Stock of a Druggist or a Physician

DR. McMUNN'S

ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, De-narcotized Laudanum, and every other Opium preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have then the habit of using it more or less in my practice, ever since it was first presented to my notice, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was resorted to, and a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already addressed are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers, so that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the material medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Inspissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity* and *efficacy* not equalled by any offered in this or any other market.

THE HYDRO ALCOHOLIC EXTRACTS

are prepared by steam process, and in a vacuum, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their *superiority*

Among them are—

Extract of Belladonna,	Extract of Hops,
" Butternut,	" Jalap,
" Bala,	" Lupuline,
" Bloodroot,	" Nux Vomica,
" Conium,	" Pinkroot,
" " Seeds,	" Quassia,
" German,	" Rhubarb,
" Chamomile,	" Sarsaparilla, Simplex,
" Colocyth, Ordinary,	" " Compound,
" " Opt,	" Para " Alcoholic,
" Dandelion, Alcoholic,	" Hon. " "
" " Inspissated,	" Stramonium,
" Digitalis,	" " Seeds,
" Gentian, Opt,	" English Valerian,
" " Ordinary,	" Dutch " "
" Hyosciamus,	

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active therapeutical effects which they should possess, we take pains to procure the herbs from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of America, growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their *superior efficacy* in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies*.

Philip Schieffelin, Haines & Co.

Druggists and Chemists, 107 Water-street, New-York.

OUR CHEMICAL FACTORY

(KNOWN AS THE BELLEMONT LABORATORY)

Is under the direction of

MR. JOHN H. CURRIE,

who ranks among the highest in his profession as a

PRACTICAL CHEMIST

Antimony Tartrate, Crystals,	Morphine, Acetate,
" " Pulv.	Granville's Lotion,
Ammonia, Aqua,	Oil Copaiva,
" " Liqueur Fort.	Oil Cubebs,
Ammoniated Alcohol,	Collodion, 1 oz. visis,
" " Aromatic,	Precipitated Chalk,
Argent Nitras,	Prussic Acid,
" " Crystals,	Potassa Nitras, Pure,
Ferri Carb. Precipitated,	Spirits Nitri Dulc,
" " " Pure	Syrup Iodide Iron,
" Sulphas, Pure,	Sulphuret Potass,
" " Exsiccated,	Vallet's Ferruginous Mass,
Iodide, Arsenic,	Zinc Acetas,
" " Lead,	Zinc Sulphas,
" " Crystals,	Zinc Chloride,
" " Iron,	Chloride Soda, de Labarraque,
" " Pure,	Confection Roses,
Mercury, Bin Iodide,	Confection Senna,
" " Crystals,	Blue Pill Mass,
" " Protoiodide,	Ung Mercurial.
Morphine, Sulphate,	

Many of these chemicals differ in appearance from the chemicals of commerce, as well as in their *valuable properties*, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY,

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

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Vol. III.

APRIL 15, 1852.

No. 8.

CONTENTS.

Medical Journalism, ...	97
Homoeopathic War, ...	98
A Professional Curiosity, ...	98
Self-Raising Flour, ...	99
The Mysterious Rappings Explained, ...	99
American Veterinary Journal, ...	100
Gunshot Wounds, ...	100
New-York Metropolitan Medical College, ...	100
Lithotrity, ...	101
Jefferson Medical College, Philadelphia, ...	101
American Medical Association, ...	101
Medicine and Republicanism, ...	101

COMMUNICATIONS:	
A Case of Ovarian Dropsy, ...	102
Paraphymosis cured by Acupuncture, ...	103
Letter from Candlish, ...	103
Letter from B. Brown Williams, ...	104
Fatal Case of Thoracic Disease, ...	104
Lectures and Cliniques, ...	104
MISCELLANEOUS ITEMS, ...	105
Medical Society of London, ...	105
Annual Commencement of the Baltimore College of Dental Surgery, ...	107
New Publications, ...	108

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1852.

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To allay convulsive and spasmodic action, &c. &c.

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1. In its containing all the native medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more permanent, its action is permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1816.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensibility or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that no anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already so kindly and so judiciously concurring the most sceptical that, when judiciously administered, is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers, that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 8.

APRIL 15, 1852.

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To Subscribers.

The next number of the Gazette will be published on the 15th of May, and will be a *double number*. It will contain a notice of the convention of the American Medical Association at Richmond, Va. and be extensively circulated, as a specimen, all over the country.

Advertisements will be inserted on the usual terms, if sent to the editor before the end of the first week in May.

RECEIPTS not sent to the parties for 3rd Vol.—Drs. Lessey, Estill, Durst, Jervy, Amerman, Browne, Sheldon, Z. Harris, Scofield, Van Pelt, Nelson, Brinemade, Cullent, Henry, Griffin, Taylor, Quick, Wells, Stirling.

Medical Journalism.

The increase in the number of Medical Journals in every part of our country, has awakened the apprehension, that this increase may be beyond any existing or prospective demand,—and still worse, that it may lead to a deterioration in the character and influence, which have heretofore characterized the Medical press of the country. The former of these fears may be allayed by the assurance that it is an evil which must correct itself, except so far as the ephemeral existence of new journals may be mischievous and disreputable. But we confess that the latter apprehension would seem to be well founded, as may be illustrated by certain recent examples. A few reflections on this subject may therefore be well timed and appropriate.

Hitherto, with few exceptions, the Medical Journals have kept within their strictly professional sphere, and preserved a dignified and respectful bearing towards

each other and towards the fraternity every where; and this even in their critical department, where the temptation to be discourteous and personal is sometimes very great.

The source of the departures from this course, which in a few recent instances have been justly condemned, is the fact that more than one of the late publications, claiming to take rank with the medical press, are either partizan in their character and gotten up for the support of certain schools or cliques; or they are strictly the organs of certain individuals, or professors, who, with the editors, constitute those "*Mutual Admiration Societies*," which are becoming the bane of the fraternity, and making themselves the laughing stocks of the whole profession. Without particularizing farther at present, which might be deemed invidious, we would indicate only a few of the signs such journals exhibit, that a diagnosis may be easy. In the first place, the parties connected with the "organ" will be found to speak in terms of laudation of each other reciprocally, and include in their reports of cases, &c. the names of the different members of their cliques, with similar glorifying expletives. One gives chloroform "with his usual consummate skill," and another made a physical exploration "with his accustomed accuracy," and the "eminence" acquired by another in this or that speciality is duly chronicled. These "*Mutual Admiration Societies*," thus puff each other, and yet are careful never to name any body else in terms of commendation, however worthy or skilful; except those whose popularity or elevated position may thus be made tributary to their clique. Moreover, such partizan journals, whether sustained by individuals for private and personal glorification, or by cliques for the laudation of each other, are employed in detracting from the merits, or disparaging in public estimation, every new candidate for distinction in any department of the profession who has not become their sycophant, or first sought their imprimatur. Those schools or journals which are their rivals, promising success, are rudely assaulted and condemned, or "damned with feint praise;" while private and personal assaults are made upon writers, whose arguments are found to be intractable, by the base inuendoes of cowardly malice, and this even by anonymous authority. Nor do such unscrupulous and irresponsible libellers content themselves

with professional criticisms, but insinuate their scandal against private character when they dare not utter it; after the manner of those who menace, through the press, betraying their thirst for *black mail*, in the hope of intimidating those who are beyond mercenary motives, and cannot be bribed into silence, nor refuted by any legitimate use of the press. *Qui capit, ille facit.* None but the "galled jades will vince."

There are other pathognomonic signs of these partisan journals, by which the profession may know and avoid them, which may furnish the topic for another article. Any press which can be prostituted to praise without merit, or condemn without just reason, should be shunned as a moral pestilence, and be made to perish by almighty neglect. The only medical journals which ought to be sustained, are those which like many we could name, are independent enough to regard truth, "the majesty of truth," as paramount to any clique however popular or powerful; and to estimate the dignity, honor, and self respect of the profession, above subserviency to any individual, professor, clique, or school. When any other press is tolerated among us by professional support, the actual degeneracy alleged against our craft has commenced, and such a journal becomes a public nuisance.

These are the sentiments by which this paper and all others should be judged, and treated accordingly. When we publish any thing as fact which is not true, our authority is forthcoming, and ample reparation made. And if we insult our readers by casting unworthy imputations upon a brother of the craft, which are foreign to the legitimate sphere of professional criticism, we shall cease to deserve recognition or exchange with any reputable journal in the land. Our strictures on public men and measures may be severe, but they shall have the merit of being true; from good motives, with justifiable ends, and open to reply or criticism, which is as just as it is fair, and comports with our code of ethics, the "*golden rule*."

Homœopathic War.

Dr. Marcy, of this city, has published a reply to Dr. Worthington Hooker's Book on Homœopathy, which he denounces as "superficial and mendacious," and attempts to be witty, sarcastic and severe against "Allopathy," the raw head and bloody bones title, which Dr. Hooker most unwisely accepts as the designation of the science of Medicine, in contradistinction to the humbug of Globulism. Of this blundering concession and misnomer, Dr. M. avails himself in his reply, and makes some exceedingly clever hits, by contrasting the medical schools of remote antiquity, their rude teachings and outre remedies, with the "Allopathy" of the present day, all of which would have been foreclosed if Dr. Hooker had repudiated the nickname, and the idea that it admits, that he is of the *old* school, and Homœopathy is the new one.

Rational or legitimate medicine of the present day

is no more responsible for the superstitious remedies employed by ancient physicians in the dark ages, which Dr. Marcy has industriously collected, than is Christianity for the polygamy and witchcraft of antiquity. Physicians who cultivate medical science at present, either as teachers or practitioners, are not "Allopathists," but utterly repudiate both the name and the thing. They are not *old* school in any sense which will justify their being charged with entertaining any of the crude and obsolete doctrines or remedies of the ancients so pertly paraded by Dr. M. in his reply. Availing themselves of all the treasures of wisdom and knowledge which have been accumulating for ages, and separating these from the follies and superstitions with which they were commingled, the science of medicine, as now taught and practised by enlightened men in both hemispheres, is a unit, a unique and compact system of principles based on facts, which, being the result of cumulated experience, are susceptible of demonstration.

The reply affords ample proof that though Dr. Marcy may have been both an *Allopathist* and a *Homœopath*, as he professes, yet he has never been a *physician*; nor does he now understand what medical science is, as it has become in the creed and practice of intelligent and educated physicians. Nor has Dr. Hooker's book enlightened him, else he would not have jeopardized his reputation as a controversialist by the misrepresentations with which his book abounds; while the burden of his own complaint is that himself and his system are falsely accused.

But it is foreign from our purpose to attempt anything like a rejoinder, as we would leave that to Dr. Hooker, who would not thank us for our officious interference in what he can do much better for himself. We will only add, that the reply merits the exposure of its sophisms and the rebuke of its absurd and ludicrous pretensions. At the same time, we concede that Dr. M. has made skilful use of his meagre materials in defending a bad cause, and regret that his talents have not found a better employment. The critique he has made upon the case of Dr. J. K. Rodgers, and his treatment, is decidedly the best feature of his reply, and if he had written nothing else, he would be more certain of escaping any rejoinder than he can be now, after having eked out so many pages of satire and vituperation against Dr. H. and his book.

A Professional Curiosity.

Dr. George C. Blackman has published, in pamphlet form, his paper in the last number of the New-York Journal, on the claims of priority in the execution and disarticulation of the lower jaw. For what purpose this extra-professional mode of circulating a critique of so very equivocal merit or propriety, has been adopted, the reader will be at no loss to divine from an "Appendix" which is adroitly superadded, being a "report of several operations performed by himself!" no one of which deserves to be named in comparison with the

truly brilliant achievement of Professor Carnochan, which the article gratuitously aims to disparage.

Some of the "several operations" of Dr. B. consisted of the mere use of the bone-nippers, for excising a fragment of the maxilla, which in one case only "extended from the first right incisor to the second molar tooth!"—another "an epulis of trifling extent!"—two cases of *Carcinoma*! in which any operation was unsurgical,—of one of these it is said "after lingering in a miserable condition for nearly a year he died!" and of the other his physician writes some months after the operation, "he is in a most deplorable condition, altogether the most pitiable object imaginable, and soon after he died!" And yet Dr. Blackman is bold enough to publish these and the like cases, beside a paper in which he detracts from the merit of Professor Carnochan, who "removed the entire lower jaw, including both articulations," and the patient has entirely recovered with scarcely any deformity! In short he has the courage to hold up his farthing light for comparison with the rising sun.

As to the question of priority, the forthcoming reply in the New-York Journal, which we learn will appear in the next number will consign Dr. B. to oblivion, if it does him justice. The operation of Dr. Deadrick, of Tennessee, was probably not known to Dr. B. and certainly it was never acknowledged by any surgical authority in Europe until it was published in the *American edition of Cooper's Surgical Dictionary* in 1830, whence Cooper, South, &c. as well as Dr. Blackman himself, derived the information, and the reference to the *American Medical Recorder*. Dr. Cooper is the only one among them who had the manliness and honesty to confess the source of his indebtedness.

Self-raising Flour.

This is the name given by Hecker and Brother of the Croton Mills, in our city, to a prepared flour of their manufacture, for which they hold a patent, although they make no secret of the preparation or mode of mixture to their confidential friends. The article contains less than one-half per cent. of the purest acid and alkali, with a due proportion of the finest sugar and salt. It is simply mixed with water, and after kneading, the dough is placed in a hot oven, and when baked is found to yield a light cellular bread, superior to any which can be made by yeast, or any of the substitutes for it ordinarily used in culinary operations.

The testimonials of their circular as to the merits of this improvement and the innocence and utility of the ingredients employed, are from the highest sources, and those who make trial of it in their families as we have, will be delighted with the article, and surprised at the perfection with which this self-raising flour may be adapted to all the various purposes for which flour is used, and especially in puddings, pastry, &c. Of the healthfulness of such bread as this flour makes there can be but one opinion among all who taste it. We

cordially recommend this and the other products of the Croton Mills, the enterprising proprietors of which deserve success.

The Mysterious Rappings Explained.

We have several acquaintances—otherwise sane—who believe the cause of the mysterious knockings to be extra natural. Our own investigations in that department of the wonderful have not been very deep or comprehensive, so much as the interpreters or "mediums" who undertook to "do up" the little business we submitted to them, fished so consumedly from the start, that we felt assured their "familiar," if they had any, belonged to a location with which we had no wish to cultivate "entangling alliances." Twice we visited those "ladies of information," Mrs. Fish and the Misses Fox, and both times they didn't tell us one syllable of truth. Under these circumstances, as our head is not a "hollow beech tree," the tappings made no impression upon it. Science, however, has recently explained the phenomena on philosophical principles, and we always bow to science with a feeling of veneration scarcely surpassed by that of a Maine-law man when he *salaams* to a pump. A distinguished *savan*—Professor Bush, perhaps—has furnished the Cincinnati Commercial with the following lucid exposition:

"The only true and legitimate manner of accounting taps is the physiological defects of the membranous system. The obtuseness of the abdominal indicator causes the cartilaginous compressor to coagulate into a diaphragm, and depresses the duodenum into the flandango. Now, if the taps were caused by the vocation of the electricity from the extremities, the *tympanum* would also dissolve into spiritual sinetum, and the olfactory ossificator would ferment and become identical with the pigmentum."

This seems to us entirely satisfactory; but a carping "graduate of one of the northern universities" joins issue with the philosopher of the Commercial, through the columns of the Georgia Journal. The "graduate" differs in toto from the idea that "the depression of the duodenum into the flandango," could, by any possibility, have produced the effect described, and submits the following as a more rational hypothesis:

"The vibratory motion communicated to the tunica albuginea by the parturition of the alveola process effectually disintegrates the pericardiac influences of the epigastrium, and produces a compound corpuscular movement of the lymphatic glands; which abnormal and diagnostical state of the nervous system deteriorates a preponderance of the lactal fluid to the posterior portion of the cerebellum, and predisposes the patient to preternatural distension of the auricular membraneous orifice; in which case, the rappings become painfully and distinctly audible."

Possibly the "graduate" is right, after all. In fact, we are almost certain that "auricular distention" has

something to do with the effect produced by the mysterious knockings.

American Veterinary Journal.

This useful monthly is published in Boston, and is ably conducted by Dr. Dadd. The last number is down upon the actual cautery as being often unnecessarily and improperly applied to horses, where modern science has provided milder and better means. If physicians who are deeply interested in the subject of the medical and surgical treatment of their own horses would read this journal, it would serve to preserve them from the inconvenience and loss they so often suffer by the mal-practice of pretenders to veterinary science, into whose hands their sick and lame horses are committed. There is a vast difference in the qualifications of horse doctors, as experience is ever demonstrating, and the quacks are distinguished with as great difficulty as in any other department. The price of the Veterinary Journal is only \$1 per annum.

Dr. Durkee of Boston is said to have acquired great tact and skill in putting up microscopical preparations, the delicacy and perfection of which are said to equal the finest imported from Europe.

Gunshot Wounds.

A highly interesting lecture on the above important topic, by Richard McSherry, A. M., M. D. of Baltimore, has been kindly sent us. It purports to have been delivered before the *private class* of Dr. J. R. W. Dunbar, of that city, which has for many years been one of the best preparatory schools in the country. Dr. McSherry officiated as a surgeon in the U. S. Army, under General Scott, during the late war in Mexico, and is one of nearly two hundred gentlemen now in the profession, who availed themselves during their studies, of the advantages provided in this "private university" of Professor Dunbar.

This lecture is certainly creditable to its author, and is a contribution to the department of military surgery, indicating that other and kindred subjects are to be elucidated from the same source, by future lectures. We shall be glad to learn that an American work on this distinct surgical service is provided for the juniors in our Army and Navy, and hope Dr. McSherry will be encouraged to complete what he has so felicitously begun, and for which this production affords ample earnest of his fitness.

Such a work would be a valuable aid to the candidates for examination before the Army and Navy Boards, which very properly demand a higher standard of qualification than does any College or Hospital in the country. Hence it is that such multitudes fail annually to pass this ordeal, though armed with the high-

est honors of the profession by the medical schools, and sent out to learn their profession by actual experience among their luckless patients. The knowledge condensed in this single lecture on Gunshot wounds, if it had been read, learned and digested, might have saved some unlucky wights we wot of, rejection by the Army Board. That they failed to sustain themselves was not their fault, but that of the university in which they were educated, the instruction in this department having been meagre and superficial. We commend Dr. McSherry's lecture, and hope soon to hear from him again through the press.

New-York Metropolitan Medical College.

The minority of the committee to whom was referred the application of a new medical college under the foregoing title, for an act of incorporation, have made a report through their chairman, the Hon. Wm. Taylor, adverse to the project.

After enumerating the six medical colleges in the state, and the facilities provided for several others under existing charters, the report says:

"The debts of these institutions, as formally reported to the Regents of the University in 1851, were:

College of Physicians and Surgeons, N. Y.	\$15,000
Medical Department of Geneva College, . . .	400
Do. do. New-York University, . . .	47,000
Do. do. Buffalo University, . . .	3,300
Total, ...	\$65,700

"No statement is made by the New-York Medical College, but it is quite probable that the buildings and apparatus are private property; at all events here are four of the six medical colleges of the State, after being in existence for a greater or less period of time, burdened with a debt of sixty-five thousand dollars, and one, or more, or all of them annually asking for assistance of the Legislature."

And after commenting on these facts, it continues:

"If the present incorporated colleges of the State fail to fulfil the obligations and requirements imposed upon them by their charters, let them be annulled; if not, why incorporate more rivals who, in turn, will seek for 'aid and comfort' from the treasury of the State? With six medical and nearly double the number of literary colleges in this state the idea of a monopoly in the business of education is an absurdity, while at the same time no obstacle is thrown in the way of any body of men securing charters from the Regents for as many such institutions as they may desire without the aid of legislative intervention. Last year no less than three colleges received charters from the Legislature; this year the number of applicants has increased to five or six. Is it not time that this system of legislation should cease? Are the people of the State ready to increase the annual amount awarded to these institutions in equal

ratio to their rapid annual increase? Or, if the fund remains permanent, is it to be divided and sub-divided until each one shall receive an infinitesimal share?"

The committee then most truly add:

"Your committee believe that the real difficulty in regard to colleges is not sufficiently understood, certainly not appreciated. It is a want of *qualified teachers* to fill the posts of honor and responsibility to which they are called. In the formation of these new faculties, the wants and poverty of some of these institutions compel them to take inferior instructors, so that now, it is no uncommon thing, we learn, for those appointed to certain departments to qualify themselves after they have been elected to perform the functions and duties of their stations.

"If, then, the standard of professorship is deteriorating by this rapid multiplication of colleges, it must follow as a natural consequence that the opportunities of the student, and his advance in knowledge, must suffer a like injury."

The report then proposes an amendment to the Act relative to the University, to include medical colleges among the other literary institutions confided to the Regents of the University, whose general powers of incorporation will hereafter meet all such applications.

Whether either of the applications for medical colleges before the legislature, will be successful, will soon be known, as the adjournment is at hand.

Lithontripsy.

Dr. Buck, of this city, reports in the New-York Medical Times a successful case of this operation. The stone was large, very hard, and required sixteen repetitions of the operation, at suitable intervals; and more than four months were required before all the fragments were removed. The lithotrite of Civiale, largest size was employed, and either ether or chloroform administered in the earlier, and some of the later, operations. There were difficult features in the case,—hypospadias, contracted meatus requiring enlargement, &c. and much complication by the fragments becoming occasionally impacted in different portions of the urethral canal. Dr. B. seems to have encountered and surmounted them all with consummate patience and skill. The case is reported with manifest accuracy of detail, and yet it is obvious that the courage of both the surgeon and the patient were put to a severer test than would have been required for the removal of the stone by the knife, especially in view of the long time required, and the repeated operations demanded. The entire success, however, which has followed, while it is highly creditable to the surgeon, will be gratifying to the profession.

We observe that Dr. Buck is now associated with Drs. Halstead and Dubois, in the New-York Eye and Ear Infirmary, as surgeon to that Institution.

Jefferson Medical College, Philadelphia.

At the late commencement of this Institution, the

degree of M.D. was conferred on 228 gentlemen of the class. The valedictory was delivered by Professor Meigs. The prosperity of the school is without a parallel in the history of medical colleges, and is ascribable to the learning, ability, and harmony of its Faculty.

American Medical Association.

At a meeting of the New-York County Medical Society, held for the purpose, on Monday, March 22d, the following gentlemen were chosen delegates of the Society, to the meeting of the Association to be held at Richmond on Tuesday, 4th May next: Drs. Rockwell, G. Carter, Bulkley, Warren, Stephenson, T. F. Cock, Beadle, O. White, Reese, B. Ogden, Phelps, Worster, H. Sweeney, I. Green, J. W. Francis, Thomas Cock, Underhill, Adams, Woodward, Blakeman, Leveridge, James Anderson, Bliss, A. C. Post, and Hoffman.

N. Y. Med. Times.

Medicine and Republicanism.

The following is a synopsis of Dr. Jackson's paper, from the New-Hampshire Journal of Medicine:

"The American view of all government, both secular and religious, is, that authority springs from the people alone. The physicians of America should be governed in this way as well as other bodies. But the American Medical Association is, on the contrary, aristocratic, both in its origin and in its continuance. No complaint is made of this. 'Its origin was anomalous; but there was perhaps no other way in which a large body of respectable men could be so quickly got together,' resembling, in some particulars of its origin, the first Congress of the Colonies. But Dr. J. believes it has now become nearly 'functus officio'; it has done well in its day, but it should now pass away to give place to a more truly republican organization. Its assumed power must be laid down, and the people must have a just representative government.

"Objections to the continuance of the present system are first, that the profession is very unequally represented;—colleges with five or seven professors send two of their number, reminding one of the rotten boroughs of England. So when a hospital has but one physician, he can go every year and represent himself. Secondly, who is to decide as to medical societies, whether or not they be permanently 'organized,' and are in 'good standing'? Two or three physicians, who could not be received into any association of honorable men, can unite and send a delegate—a man with whom none would be willing to associate,—and what should prevent a delegate from the Female Medical College claiming a seat at Richmond? Thirdly, a very small proportion of the physicians of the United States can become members; and as membership is not the result of merit, it is not a fair division of honor. Fourthly, the admission of members by invitation, by which delegates sent to do business for their constituents may find themselves possessed of no better advantages or greater powers than some persons entirely unworthy of either. Fifthly, the privileges of permanent members, which may prevent a true expression of the wishes and feelings of the profession at a moment when such expression is all-important.

"The plan of organization proposed by Dr. Jackson is this:

"1. Let the Association be composed of delegates from county societies only.

"2. Let every man receive, as soon as he is elected into his county society, a diploma, testifying that he is a member of said county society, of the State Society, and of the American Medical Association. He is then one of the great body of the brethren in the United States; he is ready to be elected a delegate whenever his fellows see fit to elect him; he is ready to give his vote in the election of others—he is now a member of the great medical republic of his country."

"The anticipated advantages of this plan are: the government of individual members of the profession would be more perfect; it would annihilate the inveterate jealousy of the schools that now exist; it would add to the respectability of the county societies, by securing the attendance of the *magnates* in the profession, and causing them to take a hearty interest in the business; it would avoid all confusion in the election of delegates, and the heaping of honors upon one favorite; it would prevent delegations from unworthy societies; and it can be easily accomplished. "If the Association decree that in the year 1854 this change shall be made, they will find it done at their bidding. The mere beauty of this universal government would stimulate to the speedy establishment thereof. Who would not rejoice, whose heart would not be gladdened, to see this great empire covered and served by educated physicians, all yielding obedience to one symbol of ethics, and to the government now proposed?"

"This is a summary to the proposed organization. We neither endorse it nor reject it, but simply add that it is worthy of consideration, if for no other reason, from the source whence it comes."

Communications.

A Case of Ovarian Dropsy.

BY J. K. WARDLE, M.D.

Mrs. W——, born and brought up in *Derbyshire*, England, aged 47, perceived an enlargement of the abdomen about the middle of July, 1851, for which she consulted me the following month.

The history of the case is as follows: Her mother died of cancer of the cervix uteri, and one of Mrs. W.'s children of serofulous meningitis. Her youngest child is now 23 years old. In Mrs. W. the catamenial period was remarkably regular, having only once failed since its first appearance, except when pregnant and nursing. Usually, her general health was very good, as is that of her two surviving children. From these facts it will be seen there was an hereditary taint in my patient, which proved an irremediable, and indeed fatal, part of her disease.

Examining with the speculum, the cervix uteri was found rather larger and more livid than natural. In the left inguinal region there was distinctly felt a tumor, which could easily be circumscribed, and upon percussion was dull. Per rectum, this was found pediculated, and connected with the left ovary; and, upon touching it, a dull but severe pain was complained of by the patient. It was easy to feel, upon tilting the part attached to the left ovary, its connection with the external swelling. I pronounced the tumor to be

ovarian, and applied diuretics externally, using the iodopotassi for internal medication. No advantage resulted.

In September following, Dr. Reese was consulted in the case, who confirmed my diagnosis; and to relieve the pressure, which was now intolerable, from the great size and weight of the tumor, ordered a bandage to be kept steadily around the abdomen, and suggested the Tr. Iodini to be used in preference to the salt. Still, the tumor grew; and, except from the support rendered by the bandage, no benefit resulted. Early in December, Dr. Delafield's advice was added to the consultation. He concurred in our opinion as to the nature of the trouble, and expressed his conviction that the sac was *multilocular*, complicated with a fibrous tumor, and that both ovaries, and probably the whole generative apparatus, were involved in the disease. Dr. D. recommended the use of liquor potassæ, in doses of 20, gradually increased to 60 drops, three times daily, and to paint the entire surface of the swelling with a saturated Tr. Iodini every three or four days. For a while the swelling seemed not to progress so rapidly as before. About the first of January, 1852, the patient became much enfeebled, and suffered very greatly from the compression of the sacro-sciatic nerve, and the vessels of the left extremity, as there was great numbness and coldness of the limb,—with varicose veins and extensive ecchymosis. On the 7th instant, the abdominal distress became intense, not suffering the gentlest pressure. Her rest was much broken; the tension of the parts suggested the necessity of relief by tapping; but this was deemed unsafe by Dr. Reese, owing to the sudden prostration of the patient. Morphine was given in quarter grain doses, until rest and sleep were obtained. On January 8th, she became unconscious, and so remained until death, which took place in six hours afterward, showing symptoms of cerebral effusion. Post mortem appearances: On tapping the cadaver, 16 pints, by measure, of a brownish viscid fluid, exceedingly dense, were drawn off. On testing this, it proved to contain albumen to fully the extent of 75 per cent. The cyst was fibro cartilaginous, and two lines in thickness, having numerous tuberculous patches studding its internal surface, some of which were the size of a dollar. The sac was unilocular. The left ovary measured about eight times as large as a natural one, and was also studded with tubercles, rather larger than those on the cyst. The color of the ovary and sac showed them to have been fed with venous blood. The adhesions were few, and not important. The right ovary was healthy, and of normal size, the uterus also, except, perhaps, a little larger, which might be due to previous pregnancies. As to remedies, our course was blocked up;—Cathartics proved too irritable to be used, and without them a daily evacuation was obtained;—Diuretics, except the Liq. Potassæ, did no good. Iodine and its preparations proved useless as internal remedies. The Ergot ointment, so highly praised in visceral and other obstructions and enlarge-

ments, after a fair trial, also gave no hope. It was agreed by both consulting physicians, that extirpation could not, with the least expectation, be resorted to; and as to tapping, why defer it as long as possible. When needed, nature was worn out. The connection between carcinoma, tuberculous deposits, and scrofulous meningitis; the fact that Mrs. W. was born and reared in Derbyshire, where goitre, &c., are so frequent; the regular menstruation, continuing even to the last; and the inutility of every agent employed, are matters worthy of note and reflection.

Paraphymosis Cured by Acupuncture.

I was called to see a boy at eight years, good constitution, laboring under Paraphymosis. The prepuce was contracted around the corona glandis, and filled with an effusion of serum. It was so distended that it appeared translucent, and formed a complete and painful stricture. The indication in the treatment was evidently to relieve the stricture, but how, was the question. The usual mode of the knife did not strike me as being applicable here; I therefore took a fine cambric needle, and made several punctures in the most dependent part of the tumor, which gave exit to the serum, relieved the stricture; and, with little effort, the prepuce returned to its natural place and functions. The only after treatment consisted in the cold water dressing until the punctures were healed.

Yours, most truly,

JNO. S. VAN VOORHIS, M.D.

Bellevernon, Pa.

Mr. Editor:—Your article on "Advertising Doctors," in the last number of the Gazette, has hit the nail on the head, as far as it goes; for Dr. Mott has the bad eminence of having been the first among the Faculty of this city to advertise the University Cliniques, and to offer advice, medicines, and operations to the poor gratis, which he did several years ago, on the opening of the University. But you neglected to mention, that Dr. Parker was the first to follow his example, which he did soon after his appointment to the Crosby-street College, publishing in the Sun, Herald, &c. similar notices, and also reports of his clinics, including cases, operations, &c. It was not thenceforward any matter of surprise that Dr. Bostwick began to issue similar advertisements; and since then, Dr. Dixon, Dr. Childs, and many others, have been emboldened to become advertising doctors, in imitation of Drs. Mott and Parker, who, as the originators, should be held responsible for every such violation of medical ethics in New-York.

That each of the gentlemen has thus acquired notoriety and emolument by these extra-professional advertisements is, doubtless, true, and that some of them are even now reaping large profits through this instrumentality will not be questioned. It is equally certain that

any other physician in the city could fill his office with patients, and increase his emoluments tenfold, by similar advertisements. That all have equal rights with these professors in the premises cannot be denied by any body who reads your comments on the ethical rule; and if there be one subject more than another which should be met by the action of the American Medical Association, at the Richmond meeting, it should be this of advertising doctors. With you, I despair of our Academy doing anything.

The younger members of the profession here are sadly injured by these college clinics, as at present conducted, of this monopoly of nearly all the surgery, and especially minor operations, from which they might receive small fees, as well as opportunities of practice, both of which they lose by the advertisements of the professors offering gratuitous services to the poor at the college clinics.

But the tale is not half told. In many cases, the patients attracted by these advertisements are persons abundantly able to pay. These are often not treated at the clinics, but are instructed to call at the professor's office, if unwilling to be called *paupers*; and the fees thus obtained constitute quite an item in the income of those concerned. Facts and dates can be furnished, if this statement is denied.

I was disappointed in one omission in your late article, since you formerly urged it with great truth and propriety; I allude to the false pretences justly chargeable upon any man who advertises that he attends to the poor gratis; and this I take to be the reason of its prohibition in the Code of Ethics. Such a publication implies that other physicians neglect or refuse to attend the poor without fees, which is not true of any respectable medical man in the city. We could name gentlemen whose private offices are thronged with the poor, at stated hours of the day or week, all of whom are gratuitously attended; and some of those hold private clinics for the purpose, but their self-respect has restrained them from advertisements. Your neighbor, Dr. Detmold, is a well-known example; and to him the German population of the city are under constant obligation for such services, and this for years past. So also our numerous Dispensary Physicians all attend the poor gratis; so that such advertisements, by any man or set of men, imply a slander upon their brethren, by this false pretence of exclusive liberality.

CANDIDUS.

[We were aware of the facts stated above by our correspondent, but refrained from alluding to Dr. P. and others, because they have ceased to advertise, as we are disposed to infer, from a conviction of its being unprofessional and unpopular with the profession. We referred to the evil, as it now exists in unblushing enormity, and did so with the hope of correcting it; and we do not despair of having it reformed altogether. In no other city but New-York are these disgraceful advertisements tolerated among regular physicians, and hence

our correspondent may rest assured that the attention of the National Association will be called to them at the approaching Convention.]

Metropolitan Hall, April 5, 1852.

D. M. Reese, M. D., L.L.D., 775, Broadway :

Sir,—In two numbers of the New-York Medical Gazette, under date of April 1st and March 15th, I see two articles entitled, "Professor and Doctor! Williams," and "Mental Alchemy at Metropolitan Hall."

I wish to inquire whether you intend in one or either of these articles to call me an *imposter*, or to charge me with obtaining money under false pretences? and whether you were the writer of the articles referred to, or either of them; if so, which? An early answer is expected by

Yours, &c.

B. BROWN WILLIAMS.

[The bearer of the foregoing formidable epistle was informed that no answer would be returned. If an attempt to muzzle our free press is here betrayed, it will prove a failure. The writer having had the temerity to become a public teacher, subjects himself to the scrutiny of public opinion, and will have to submit his pretensions to the ordeal of criticism; and if he appropriates our strictures, on the general subject, to himself, it is no business of ours. They were written for the public benefit, and belong "To all whom it may concern, greeting."]

Fatal Case of Thoracic Disease.

BY J. K. WARDLE, M. D.

John C—y, aged 20, English—sick and failing for two years past. Of scrofulous parentage, and like his brothers and sisters and cousins, not healthy or vigorous. Occupation, that of a baker, which exposed him to extremes of temperature and induced a strong predisposition to take cold. Afterwards a tin-smith, the fine particles of the metal and dustiness of the workshop serving as irritants to the bronchial passages. About thirteen months since, had frequent attacks of hæmophysis, passing per os, from four to eight ounces of blood daily, for ten successive days at one period. Came under my treatment January 28th, 1852. Was then losing flesh fast, had severe cough and copious opaline expectoration, the expiratory sound much prolonged, but no marked dullness on percussion. Respirations eight per minute and very deep and full. There was a peculiarity in the cordiac sounds, but could not, after careful and repeated examination, do more than suspect strongly organic lesion. Palpitation was common and annoying, pulse 120. He suffered from indigestion—food distressed him—sometimes it felt like a load—then he would have heart burn. His bowels very costive. Urine scalded, and was found to contain excess of lithic acid. He had for several years (but not to the same extent that many unhappily do) practised self-pollution. His mental powers were very good;

and beyond troublesome dreams, seemed not to be involved. Sight, audition, olfaction, taste, feeling and perception were all normal. So with motor powers. So I found him on the 28th January last. Gave him a good purgative dose, and ordered Rhubarb and Bicarb. Potassæ, &c. On the 1st of February was sent for, and found from taking cold he had a pleurisy in his left side. Fearing to bleed him as he was so very weak, I administered opium to him in full doses conjoining with it, Liq. Acet. Ammon. Diaph. oresis was secured and maintained for several days, and generally better the patient seemed. On the fifth day of the attack found there was serious effusion, for which ordered blister and diuretics. He did not emiss until the 14th, when on examining the pulse, which was peculiar and *uncountable*, my suspicions of mischief were considerably quickened. On the 16th, the heart was found to be displaced, being now to the right of the sternum and its apex felt under the right nipple. On the 18th, Dr. Reese was consulted, who coincided fully in my diagnosis, and ordered a seton in the nape of the neck, with Inf. Digitalis, 3ij. to ʒj. aquæ, the dose being ʒjs. bis. in der. for the two first days, and afterwards three times daily. This treatment was persisted in with anodynes at night towards the last. The urination after five days use of the Digitalis increased to ʒij. daily. On the 2nd of March, the patient was almost unconscious and his memory very imperfect. On the 3rd, whilst sitting up to urinate, he gave a sudden bound, fell back and died. For the last two weeks he expectorated pus in considerable quantities; his cough troubled him much and his pulse intermitted about every 20th beat. Post mortem: The ribs were very yielding and showed imperfect ossifications, the left side bulged considerably, and the intercostal spaces were all dense. Six pints of sero-purulent fluid were removed from the left division of the thorax: the *pleura* were throughout almost covered with shreds of false membrane: the left lung was collapsed, and was not more than $\frac{1}{10}$ its normal size, it was studded with softened tubercles; the bronchi were clogged with pus. There was an appearance of a cavity, and the metallic tinkling had been distinctly heard ten days before death, from the compression of the lung, this cavity, however, was not so distinct as we could have desired. The right lung showed nothing abnormal in size and position—in its apex were also found tubercles. The heart was found to the right of the sternum completely, and on opening the thorax was seen to be almost perpendicular. One of the mitral valves was too short, and so was accounted for the bellows sound we had heard, although but indistinctly.

The case proved fatal in thirty-two days.

Lectures and Cliniques.

Medical men passing through New-York *en route* to the Richmond Convention will find the University Medical College in 14th-street, and the New-York Medical College in 13th-street, open every day for lec-

tures and cliniques; as also the several hospitals of the city, to which they can have ready access, by presenting their cards. Dr. Parker holds a clinique on Mondays, at the Crosby-street College; and Dr. Detmold has a lecture or clinique at 192 Mercer-street every Wednesday and Saturday throughout the year.

Physicians or students visiting the city at any time during the spring or summer will be at liberty to avail themselves of either or all of these opportunities for learning what is doing in New-York for extending Medical education.

Miscellaneous Items.

The Boston Journal says, that most of the cases of insanity admitted into the lunatic asylum, Western New-York, were produced by the *spirit rapping* mania.

Great efforts are making to extend the sale of the waters of the Empire Spring at Saratoga, and they are highly spoken of, in Boston especially. The superiority of the Congress Spring, over all others, continues to retain its reputation, and in New-York city is very generally preferred to every other variety of mineral waters. Such is the demand for these waters, for home consumption and exportation, that Clark & Co. of South William-street, are supplied every day direct from the spring.

Dr. Morton, of Boston, has strong competitors for the prize of \$100,000, which the report of a Congressional Committee has awarded him for the discovery of Etherization. Dr. Jackson, of the same city, claims the whole, or at least one-half, of the bonus, while the friends of Dr. Wells, deceased, insist that both Drs. M. and J. have appropriated Dr. W.'s invention. The fact that an attempt was made to conceal the discovery under a patent,—and that it was called *Letheon* for a long time,—and the fact denied that it was ether; and even the claim set up of its being a new narcotic concealed by the ether, &c. while the article, and rights to use it were sold at exorbitant prices by the parties, should render their pretensions very equivocal to such national honors.

The urate of ammonia is said, by Professor Horner, to be a valuable agent for external application in many painful inflammatory affections; and he recommends a trial of it in pleurisy and puerperal peritonitis. He employs Guano for the purpose, made into a hot poultice, with clay, and covered with oil silk or India rubber cloth. Its use was suggested by witnessing the effects of human urine thus applied, in a case of virulent inflammation of the knee joint.

Dr. T. H. Buckler of Baltimore has published a history of the epidemic Cholera as it appeared in the Baltimore Alms House in 1849. We have not been able to procure a copy, but we learn that its local origin is established beyond dispute; and a hard nut is given the contagionists of the profession to crack at

their leisure. We hope to notice it at length hereafter.

Dr. Lente of the New-York Hospital has published a paper on the Statistics of Fractures, which, for its utility, does him great credit.

The journals at home and abroad are reviving the practice of employing brewer's yeast internally in scarlatina, putrid sore throat, and analogous diseases. The utility of inunction also finds many advocates. No disease in the calendar is so empirically treated, and none with so little success, as the scarlet fever. When will rational principles lead to the abandonment of symptomatic treatment, and the adaptation of the remedies to the existing pathological state in every given case? Such discrimination once becoming general, will render mortality in this fever, or its fatal sequela, exceedingly rare, except when complicated with other constitutional maladies.

Medical Society of London.

February 14, 1852.

Dr. Wagstaffe read a paper

ON TOPICAL MEDICATION IN THE TREATMENT OF DISEASES OF THE PHARYNGO-LARYNGEAL MEMBRANE.

After remarking upon the value of topical medication in the treatment of many local affections of the mucous membrane, he gave a history of the introduction of the plan of treating diseases of the pharyngo-laryngeal membrane by local applications by Sir Charles Bell, in 1816, and of its adoption by many physicians, awarding to Dr. Horace Green, of New-York, the merit of having furnished to the profession irrefragable proof of the harmlessness and efficacy of this therapeutic measure. But while he thus accorded to Dr. Green great praise for the energy and talent which he displayed in the development of this important branch of practice, his experience obliged him to state, that he could not agree with the assertion made by Dr. Green, of the facility of introducing a sponge-pointed probang through the rima glottidis into the trachea, and down even to its bifurcation. After several years' experience in the use of this remedial measure, he (Dr. Wagstaffe) had arrived at the positive conclusion, that an instrument cannot be passed with facility, and without danger, below the rima glottidis. But he was equally decided in the opinion, that a practised and skilful manipulator will seldom find a case in which he will be unable, after a suitable education of the parts, to pass the sponge-armed probang into the cavity of the larynx down to the chordæ vocales. He thought that much of the opposition that existed against this valuable plan of treatment had arisen from the assertion of the case which attends the passage of an instrument to the bifurcation of the bronchia, and also from the exaggerated claims for its almost universal efficacy and applicability. Dr. Wagstaffe then exhibited the instruments which he employs for effecting an entrance into the

larynx. These, he said, varied but slightly from those used by Dr. Horace Green, and consisted of a bent spatula, fixed in a handle, slightly concave on the under surface, so as to conform somewhat to the convexity of the tongue, and a whalebone probang, variously curved to suit the different conformations of the mouth, to the end of which a small, rounded piece of fine sponge is firmly attached. By pressing the tongue firmly down, and drawing it forward from its base with the spatula, the laryngeal surface of the epiglottis may be exposed; when this organ is in view, its posterior base being insensitive to touch, it may be used as a guide for the introduction of the sponge into the larynx. Dr. Wagstaff also exhibited an instrument for introducing powders into the larynx and trachea—the process of insufflation. He has found a combination of nitrate of silver with sugar, in the proportion of one part of the former to six of the latter, triturated to an impalpable powder, a useful application in some chronic alterations of the mucous membrane of the trachea and bronchia. He applies the crystallized nitrate of silver, dissolved in water, in strengths varying from twenty to eighty grains to the ounce. In passing the sponge into the back of the mouth, much care should be taken to avoid a contact with the pillars or the pharynx, as the moment these are touched a more or less violent retching action is produced, by which the larynx is elevated to a contact with the epiglottis, and thus the possibility of entering it is for a time entirely precluded. He observed, that in the short space of time allotted to the reading of a paper, it would be impossible to give a detailed account of the various affections in which he had found topical medication with a solution of nitrate of silver efficacious; he would therefore confine himself to a brief statement of the diseases, and the manner in which the application might, in his opinion, be employed with the greatest prospect of success. He then gave an account of the method in which he employs these topical medications, and their value in acute and chronic catarrhal affections of the pharyngo-laryngeal membrane, and the organic alterations which result from these as well as from acute and chronic inflammation of this organ; also of its use in those various forms of chronic laryngeal disease which have been usually spoken of as an affection, termed "clergyman's sore-throat." He likewise remarked upon its use in laryngismus stridulus, whooping cough, and true membranaceous croup.

Dr. Cotton remarked that the operation to which the paper had reference was a very important one; it would be difficult at first, but would be facile after a few attempts. He had found a spatula for pressing upon the tongue, somewhat in the form of a horse-shoe, better than the one employed by Dr. Green. By depressing the tongue with this, the epiglottis might be seen distinctly; he had seen the sponge enter the glottis. He had found the application of nitrate of silver of much use in cases of loss of voice, in hawkers, and others who called their goods; in hysterical aphonia, and in laryngeal phthisis, when the pulmonary disease was not

far advanced. He saw no use in passing the sponge beyond the larynx, because when the sponge was passed into the larynx, a spasm came on and squeezed the sponge, the fluid from which trickled down the trachea. He had never passed the sponge beyond the rima glottidis, though he had seen Dr. Green pass it to the bifurcation of the trachea.

Dr. Halley mentioned a case of cut throat in University College Hospital, in which great difficulty was experienced in passing an ordinary probang into the trachea. He had found it difficult to pass the epiglottis in a child.

Mr. Harding said that the passage of the sponge was easy enough; the idea of difficulty had arisen from the fear of spasm, consequent upon the irritation which would arise. He had been the subject of laryngeal disease, and could pass the sponge into his own larynx, with the greatest facility, at least fifty times. There was by no means the irritation produced which some had asserted, by passing the sponge into the larynx. The irritation was not distressing. He had retained the sponge for fifteen seconds at a time. He had not found the sponge pressed upon by the sides of the larynx in the manner mentioned. The passing of the sponge was easy both in adults and children; in the latter the pressure of the finger was alone sufficient. He could not believe that the instrument had been passed down to the bifurcation of the trachea. He had never succeeded in passing it beyond the larynx. There was no pain from the application of the solution of the nitrate of silver of a drachm to the ounce. He believed that the solid nitrate might be used without suffering. He deprecated its use in the early stages of whooping-cough, in which he had seen it to do great injury, producing chronic irritation of the larynx of a permanent character. In acute inflammatory diseases, he thought its use was questionable.

Dr. Cotton said that the irritation differed in different persons. He had not seen dangerous spasms in his own practice; but had seen one instance in which almost fatal effects resulted from an attempt to pass the sponge violently down the larynx; and in another case severe cough and hæmoptysis followed the use of the sponge. He had employed it in about 100 cases, and in nineteen out of twenty with such benefit that the patients wished for its repetition.

Mr. Hird remarked that no one would deny the value of the application of the nitrate of silver to diseases of the mucous surfaces. He was at a loss to understand how it could do good, however, in hysterical aphonia. He had had some experience in applying this remedy to the larynx, and he could not believe that Dr. H. Green had passed the sponge to the bifurcation of the trachea; there was no necessity in many cases, to pass it even into the larynx, for when the tongue was pulled forward and depressed, the epiglottis could be seen, and the sponge might be squeezed by means of a forceps, and the fluid would pass into the larynx. He had seen unpleasant effects from too much fluid having

been used, but they soon passed off. In cases of local inflammation, he thought we should apply the nitrate before the inflammation had arrived at its climax.

Dr. Cotton had merely mentioned the fact of the remedy affording relief in hysterical aphonia, without attempting to explain it.

Mr. Dendy had not applied the solution of caustic to the larynx, but had found no difficulty in using the solid stick in cases of tonsillitis, &c. without any spoon or spatula. The nitrate of silver might do good in cases of hysterical aphonia, by acting as a powerful astringent on the relaxed mucous membrane of the larynx.

Dr. Handfield Jones said that the glosso-pharyngeal was the incident nerve to the par vagum, and thus the pharyngeal contractions were brought about when the foreign substance was in the neighborhood of the epiglottis; and that when such substance was in the upper aperture of the larynx, or in the rima, the stimulation of the superior laryngeal, which was incident to the recurrent nerve, induced contractions of the muscles of the larynx.

Mr. Harvey, having thanked the author of the paper, expressed his regret that no case in detail had been related. Were the local applications the only means employed in these cases? Had the author of the paper observed, in follicular disease of the throat, that there was occasionally noise in the ears, &c. from the extension of the disease to the Eustachian tube and tympanum? He had found cases like many of those alluded to in the paper, connected with cachexia, and requiring tonic treatment. When Dr. Horace Green's book appeared, he (Mr. Harvey) had gone fully into its merits, and agreed with the pathological views which had been advanced by that author. He questioned, however, whether the treatment advocated would be found so generally efficacious as Dr. Green had stated.

Mr. I. B. Brown had cured a case of crowing spasm by two or three applications of the solution of the nitrate of silver to the epiglottis. He had used no medicines except aperients. The solution of the nitrate of silver should be applied in the active stage of the inflammatory sore-throat; in scarlet fever it prevented the spread of the disease to the deeper tissues.

Dr. Wagstaffe, in reply, said he had been much pleased to find that no Fellow of the Society doubted the possibility of performing the operation which he had recommended in his paper. He thought the spatula which he had exhibited, had one advantage over that of Dr. Cotton, inasmuch as the handle was out of the way. He must express his doubt of Dr. Green having passed the sponge down to the trachea; he thought it must have passed down the œsophagus—a mistake, he believed, often made. He had not seen cases like Mr. Harding's, in which the instrument was allowed to remain for any time, for almost immediately on its introduction it gave rise to an expulsive effort. Notwithstanding the fact that in Mr. Harding's case no trickling from the sponge occurred in consequence of the spasm,

still this was a common result. He had found the application to the larynx useful in cases of whooping-cough, but it was most difficult in young subjects to use the remedy continuously and assiduously. With regard to its use in hysterical aphonia, he had known one instance in which it appeared to do good in that affection, after an uterine disease connected with it had been treated with success. He thought it should be used early in cases of inflammation of the mucous membranes. Constitutional treatment was also of course necessary in cases in which the local treatment was adopted. He had not seen any cases in which follicular disease of the mucous membrane of the throat had been associated with noises in the ears, or in which the glands of the Eustachian tube had become enlarged. He had used the nitrate with success in a large number of cases of true croup.

London Lancet.

Annual Commencement of the Baltimore College of Dental Surgery.

The annual commencement for conferring the Degree of Doctor of Dental Surgery upon the graduates of this institution was held last evening in the Hall of the College Building in Lexington-st. The occasion drew together a very large assemblage—about half of which was composed of ladies—to witness the ceremonies attendant upon the conferring of the degrees. At the appointed time for commencement, the Rev. Dr. Nadel opened with a very beautiful and appropriate prayer, after which W. R. Handy, Dean of the Institute, read a list of the graduates, which were as follows: Thos. D. Simonton, of Pa.; Adébert J. Volek, Germany; Henry Stevens, Connecticut; Francis E. Cloutier, La.; John A. Cobbs, Va.; Richard F. Finch, Va.; P. Henry McCargo, Va.; Albert A. Cleveland, Md.; Warren Walsh, Md.; Thos. E. Chapin, Mass.; Stanhope A. Suderth, N. C.; George Mears, Pa.

The diplomas were then bestowed upon them by the Provost, Dr. Eleazar Parmly of New-York. During the ceremony a large number of bouquets of beautiful flowers were thrown to the graduates, a number of them propelled by the fair hands of the ladies. The address for the occasion was then delivered by Dr. Parmly, and was an able and eloquent production, worthy of the talented Doctor. The address embraced a defence of the Baltimore College of Dental Surgery against attacks made upon it and upon institutions of a similar character. He advocated the establishment of Dental professorships in all medical colleges, though he contended that still so good an education in this particular branch could not be obtained as in such a college as that whose commencement they were now attending.

At the conclusion of his address the band performed another piece of music, which was succeeded by the valedictory address of Dr. Robert Arthur, of Washington City. Dr. Arthur was the first graduate of this College, and received his diploma ten years ago. His

address was replete with good advice, much of what was spoken having been derived from his own experience. And if the gentlemen to whom he spoke pay attention to it, it cannot but enure to their benefit. It was to be regretted that much of the address was spoken in so low a tone as not to be heard in a distant part of the room.

At the conclusion of the address the benediction was pronounced by Rev. Mr. Nadal, and the audience departed well pleased with the proceedings of the evening.

Baltimore Clipper.

New Publications.

AMERICAN JOURNAL OF INSANITY.

The April number contains an elaborate and well-considered article on the European Institutions for Idiots, by Dr. Pliny Earle, which merits perusal, especially when, as now, the philanthropists of our country are entering upon practical efforts in this direction. This journal is very ably conducted, and is worthy of patronage. It is published by the New-York State Lunatic Asylum, at Utica, whose Ninth Annual Report accompanies this number.

AMERICAN JOURNAL OF PHARMACY.

The number for April abounds with more than its usual variety of important and valuable matter, both original and selected. We observe a favorable welcome to the New-York Journal of Pharmacy, which, as we learn since our former notice, has been issued regularly. Failing to receive any but the first number, we were in error in supposing it suspended. We take pleasure in making this correction.

LONDON LANCET.

The reprint of this truly great periodical is still issued monthly by Stringer and Townsend, New-York, who has also become the publishers of Braithwaite's Retrospect. These are two of the standard periodicals of British medical literature. We have marked an extract for this number, in relation to the Topical use of nitrate of silver in laryngeal affections.

INTERNATIONAL MAGAZINE.

HARPER'S NEW MONTHLY MAGAZINE.

These two kindred publications, heretofore regarded as rivals for the public favor, have now become amalgamated, by the retirement of the former from the field, and the transfer of its large subscription list to the publishers of the latter. We shall miss the International from our exchange list, and, in common with a multitude of readers, regret that its April number is its last appearance; for of its improvement, and the increasing interest of its late numbers, there can be but one opinion. Still, all will rejoice that by this new arrangement the

New Monthly of Messrs. Harper & Brothers will hereafter have no competitor for public patronage in this department of literature, and will have the unprecedented aggregate of 100,000 subscribers, and will probably be read by half a million of people of both sexes, and of all ages, in our own and other countries! What an exhibition is this of the power of the press, and what an illustration of the wide-spread influence a single periodical may exert upon the minds and morals, the habits, and possibly the destiny, of a generation? What an opportunity is here afforded for wise and good men to speak to a multitude which no man can number, through an organ of such unparalleled circulation? What a privilege for literary writers, who seek to enlighten and benefit the race, by doing homage to truth, and portraying the images of beauty and virtue in a way which will improve the taste, refine the manners, and elevate the moral sentiments of this multitude of readers? How important that publishers, editors, and contributors should scrutinize, the character and tendency of every lesson which its pages shall teach, when such multitudes eagerly wait for every following number?

ELEMENTS OF CHEMISTRY. By Thomas Graham, Edited, with notes by Robert Bridges, M. D. Part I. to be completed in two parts. Philadelphia, Blanchard & Lea, 1852.

This is undoubtedly the best work which has ever appeared on Chemistry, and ought at once to supplant and supersede the host of meagre compilations on the subject, which have become a drug in the market, and the most of which are worthless to the student. The author is Professor of Chemistry in University College, London, and has lately revised and perfected the edition from which this second edition of the American reprint is taken: The editor of this reprint is Professor in the Philadelphia College of Pharmacy. Those who wish to consult a work which contains the latest improvements in the science will not here be disappointed. It is beautifully printed, and abounds in elegant illustrations, adapting it to the use of students, who need no other text-book.

DR. FITCH'S LECTURES ON THE PREVENTION AND CURE OF CONSUMPTION.

A copy of this work has been sent us by the author; and we have looked through it to see if we could find any thing in it to commend, and thus oblige the author, but, we must confess, without any success. The pretensions to new discoveries are simply ludicrous, for there is not a new idea in the book. Its favorable notice of that prince of humbugs, Dr. Ramage, and recommendation of his inhaling tube, which is a catch-penny-imposture, from the use of which many lives have been lost; would alone be sufficient to stamp the work with condemnation by every well-informed physician.

TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the *New-York Express* newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them 'or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the *price* of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Inspissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity* and *efficacy* not equalled by any offered in this or any other market.

THE HYDRO ALCOHOLIC EXTRACTS

are prepared by steam process, and in a vacuum, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority

Among them are—

Extract of Belladonna,	Extract of Hops,
" Butternut,	" Jalap,
" Buebu,	" Lupuline,
" Bloodroot,	" Nux Vomica,
" Conium,	" Finkroot,
" " Seeds,	" Quassa,
" " German,	" Rhubarb,
" Chamomile,	" Sarsaparilla, Simplex,
" Colocynth, Ordinary,	" " Compound,
" " Opt.	" Para " Alcoholic,
" Dandelion, Alcoholic,	" Hon. " "
" " Inspissated,	" Stramonium,
" Digitalis,	" " Seeds,
" Gentian, Opt.	" English Valerian,
" " Ordinary,	" Dutch " "
" Hyosciamus,	

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIANUS, BELLADONNA, CICUTA, &c.

all the active *therapeutical effects* which they should possess, we take pains to *procure the herbs* from which they are prepared, from *places where they are indigenous to the soil*, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unequalled approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their *superior efficacy* in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies*.

Philip Schieffelin, Haines & Co.

Druggists and Chemists, 107 Water-street, New-York.

OUR CHEMICAL FACTORY

(KNOWN AS THE BELLEFONT LABORATORY)

is under the direction of

MR. JOHN H. CURRIE,

who ranks among the highest in his profession as a

PRACTICAL CHEMIST

Antimony Tartaric, Crystals,	Morphine, Acetate,
" " Pulv.	Granville's Lotion,
Ammonia, Aque,	Oil Copiva,
" " Liquor Fort.	Oil Cubeb,
Ammoniated Alcohol,	Collodion, 1 oz. vias,
" " Aromatic,	Precipitated Chalk,
Argent Nitras,	Prussic Acid,
" " Crystals,	Potassa Nitras, Pure,
Ferri Carb. Precipitated,	Spirits Nitri Dulc,
" " " Pure	Syrup Iodide Iron,
" Sulphas, Pure,	Sulphuret Potassa,
" " Exsiccat,	Vallet's Ferruginous Mass,
Iodide, Arsenic,	Zinc Acetas,
" Lead,	Zinc Sulphas,
" " Crystals,	Zinc Chloride,
" Iron,	Chloride Soda, de Labarraque,
" " Pure,	Confection Rosae,
Mercury, Bin Iodide,	Confection Scenu,
" " " Crystals,	Blue Pill Mass,
" " Protoiodide,	Ung Mercurial,
Morphine, Sulphate,	

Many of these chemicals differ in *appearance* from the chemicals of commerce, as well as in their *valuable properties*, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY,

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynth, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Camomel will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The life of the patient, as well as the success and reputation of the physician and apothecary, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

Philip Schieffelin, Haines & Co.

Druggists and Chemists, New-York.

In order further to insure the purity of our Powders, we have everything pulverized under our own inspection, and on our own premises.

EXTRA POWDERS.

Aromatic Powder, U. S. P.

Pulp, African Pepper,

" Alum,

" Allspice,

" Aloe, Cape,

" " Socot,

" Assafetida,

" Antimony, Ref. Bkt. Sulph.

" Angostura Bark,

" Aniseeds,

" Bayberry Bark,

" Belladonna,

" Blood Root,

" Bitter Root,

" Black Root,

" Borax,

" Buchu,

" Caraway Seeds,

" Cantharides,

" Canela Alba,

" Cardamon, (Seeds only.)

" Cicuta,

" Cranesbill,

" Cloves,

" Cinnamon, ordinary,

" " Ceylon,

" Cohosh, Black,

" Columbo,

" Colchicum Roe

" " Seed,

" Colocynth Pulp,

" Cubebs,

" Digitalis,

" Elecampane,

" Ergot,

" " 1 oz. vials,

" Ext. Colocynth, C'd.

" " Licorice, Calab.

" Fenugreek Seed,

" Gentian Root,

" Ginger, Jamaica,

" Golden Seal,

" Guaiac Resin, from Tears,

" Gum Arabic, Turkey,

" Gamboge,

" Mastic,

" Myrrh,

" Tragacanth,

" Hellebore, white,

Pulp, Hyosclamus,

" Ipecac, without the woody

" centre,

" Ipecac and Opium, (Dover's

" Powders.)

" Jalap,

" Kino, True,

" Lobelia,

" " Seeds,

" Mandrake,

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Vol. III.

MAY 1, 1852.

No. 9.

CONTENTS.

Medical Reform, ...	113	American Journal of the Medical Sciences, ...	117
Resolutions, adopted by the New-York Academy of Medicine, ...	114	Dr. Jackson, of Northumberland, ...	117
April 21, 1852, ...	114	Transylvania Medical Journal—Professor Mussey, ...	117
Medical Use of Intoxicating Liquors, ...	114	Dr. Alexander F. Vache—Public Documents, ...	117
Communications:	114	University of Pennsylvania, ...	117
Ohio Lunatic Asylum, ...	115	Dr. John Bell—Smith's Operative Surgery, ...	118
Medical College of the State of South Carolina, ...	115	The Licensing of Physicians, ...	118
Dr. Eleazar Parry's Address, ...	115	The National Association, ...	119
Medical Circulars, ...	115	Catheterism of the Fallopian Tubes—Is it possible under ordinary circumstances, ...	120
Clerical and Judicial Encouragement of Quackery, ...	115	Spiritual Communications, ...	121
Dental Colleges, ...	116	Fertilization in Parturition Nineteen Years Ago, ...	122
Expulsion of Homeopaths from the Edinburgh Medico-Chirurgical Society, ...	116	Delegates—Advertising Doctors—New Publications, ...	123

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1852.

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CONTENTS.

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NOTICE.

Contrary to our announcement, our Subscribers will receive this number of the Gazette about the first of May, in regular course. The late important action of the New-York Academy of Medicine, is of sufficient interest to the whole profession, to demand that it should appear in time for the annual Convention of the American Medical Association, at Richmond, Va. which will assemble on the 4th inst.

The promised DOUBLE number will be issued before the 1st of June.

Medical Reform.

We have the pleasure to acquaint our readers with the highly important fact that the New-York Academy of Medicine, has at length aroused from its lethargy and inaction, of which we have so often and so long had occasion to complain; and has now taken the initiative in a course of reform, which promises the best results for redeeming the character, and asserting the dignity of the whole profession.

At the last meeting, convened for conforming the Constitution and Bye Laws to the requirements of the new Charter, a larger number were in attendance than has been assembled for months. Certain resolutions had been offered by Dr. Shanks at a previous meeting, on the subject of the abuses which had crept into our ranks, and the encroachments constantly making upon

the rights and interests of the profession in connection with the College clinics and their advertisements in the secular papers.

These resolutions having been printed, awakened the hope that something might be done in the way of reform, although the measures they suggested were deemed too radical and revolutionary. Hence it was proposed by several members to incorporate in the new Constitution all that was needed for sustaining the Code of Ethics, and correcting existing violations or evasions of the rules, of which so numerous instances have recently been complained of.

In the progress of the discussion, however, in which various gentlemen participated, it was finally agreed that without introducing the details into the Constitution, the determined sense of the Academy, might be better expressed by Resolutions, which would have all the force of organic law.

The debate was conducted chiefly by Drs. J. R. Wood, Sayre, Griscom, Stone, S. C. Foster, Parker, Hall, Post, Gardiner, Bachelder, Detmold, I. Wood, &c. and the editor of this paper, who offered the resolutions annexed, and which were adopted by a nearly unanimous vote.

Dr. Wood exhibited and read one of a series of CARDS! which have been scattered over the city by the University College clinique, and which are headed "*to the sick poor*," and bearing the name of Professor Valentine Mott, a member of the Academy, offering advice, medicines, and operations, *gratis* to the poor, in flagrant violation of our code, which forbids all such advertisements. He also detailed the past, present, and prospective mischiefs, of the toleration heretofore extended to these and kindred unprofessional irregularities.

Professor Parker concurred in the spirit of the resolutions, and would support them; both he and Dr. Sayre however, defended the clinique at the College of Physicians and Surgeons, from being open to the objections made against advertising;—or trespassing upon the rights of other physicians, against which they had been and would continue to be guarded.

Dr. Stone opposed the principle of the clinics, as radically wrong, and urged their entire abolition as being due to the profession, and especially to students who should look to the hospitals for the only clinical teaching worthy of the name.

A very general expression of the sentiment of the profession was elicited at this meeting, adverse to the irregularities under notice, and a determination that the code of Ethics shall be enforced hereafter against all offenders, however exalted in their own estimation or that of others, and whether in or out of the Colleges.

It remains to be seen, what attitude the College clinics and their conductors will assume, now that the profession of the city have spoken. We trust that this action will put a stop to all such unprofessional advertisements in the newspapers or otherwise; and that in future the Cliniques will be restricted by the professors to *their own patients*. This reform will then be peaceably effected, which is the desire of all, as it is for the mutual interest of all. If any one college has the temerity to defy the opinion of the profession, the parties concerned will learn a salutary and useful lesson. So mote it be.

Resolutions, Adopted by the New-York Academy of Medicine, April 21st, 1852.

Whereas, the duty of rendering Medical and Surgical services, to the poor and destitute, *without fee or reward*, is one of universal and perpetual obligation, upon every member of our liberal profession; therefore

Resolved, that no fellow of this Academy shall be countenanced in making exclusive pretensions to benevolence, by public advertisements, or private cards, circulars, or any other device, "publicly offering advice, medicines, or operations to the poor gratis," either in his individual capacity, or in virtue of any office or position he may hold, in any *clinique, school, college* or other public institution.

Resolved, that these resolutions be published in the Medical Journals of the city.

The following resolutions were also adopted at the same date, by a nearly unanimous vote.

Whereas, the Cliniques now held at the Medical Colleges, as at present conducted, are or may be made tributary to the private interests of the Professors, at the expense of other and younger members of the profession; depriving them by an odious monopoly of *practice and operations*, and often of *fees*, to which they are justly entitled; therefore

Resolved, as the sense of this Academy, that to prescribe for, or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a Clinique; is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice, and in either case is a violation of the code of Medical Ethics adopted by this body.

Resolved, that the possible perversion of these Cliniques, to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees, from those found able to pay, divests the Cliniques of all pretext for professing to be

public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, that a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

Medical use of Intoxicating Liquors.

A characteristic editorial has appeared in the N. Y. Herald in relation to the comparative use of *Liquors* and drugs in the Alms House Department, for a number of years past. With the political objects of the article we have nothing to do, and we only allude to it for the purpose of exhibiting the baseness of its falsehoods, the enormity of which are unparalleled, even among the mercenary apologists for the rum traffic in our own city or elsewhere. The offensive personalities which betray the animus of the writer against the late Resident Physician and Medical Board only merit contempt.

The whole expenditures for liquors in the entire department for each year, including *all the institutions, hospitals, asylums, prisons, &c. on Blackwell's Island, Randall's Island, and throughout the city and county*, are maliciously and falsely alleged, as controlled by the medical staff of Bellevue Hospital, which contained less than *one tenth* of the inmates of the Alms House department. And this, with the Report before the writer, showing that they had no more to do with any one of the numerous other hospitals, prisons, &c. of the department, than the editor of the Herald. And yet in the face of this glaring outrage upon truth and decency, a comparison is instituted between the aggregate thus made up, and the cost of a previous year in the Bellevue Hospital alone, which is separated from all the other institutions for the purpose. The mendacity of such a writer is incurable, as is the love of rum.

Communications.

At the annual meeting of the District Medical Society for the County of Mercer, New Jersey, held in the city of Trenton, this 20th of April, 1852. The subject of altering and amending the constitution of the American Medical Association, in relation to the question "whence delegates shall receive their appointment?" was brought before the Society. The following Preamble and Resolutions were on motion adopted, and respectfully recommended as the basis on which the American Medical Association ought to be organized:

Whereas, the article of the present Constitution which states that "the delegates shall receive their appointment from permanently organized Medical Societies, Medical Colleges, Hospitals, Lunatic Asylums, and other permanently organized Medical Institutions of good standing," is too vague and undefinable, and renders the representation of the great body of the profession unequal and unsatisfactory. It is therefore respectfully recommended,

1st. That no delegate be received who is not a member of the County Medical Society in which he resides.

2d. That as State Medical Societies are composed of delegates from the County Societies of their respective States, so should the American Medical Association be composed of delegates from the State and County Societies of the several States, with such other Medical Institutions as the Association shall from time to time determine. The delegates from the State Societies being appointed from the fellows, officers, and members thereof.

3d. That no delegate be received from any Medical College, Hospital, Lunatic Asylum, or other Medical Institution, where there are less than five (5) Medical Officers, *i. e.* Professors or Attendant Physicians, attached thereto.

4th. That no Medical School, or other Institution be recognized, or any delegate received from such School or other Institution, which shall not carry into effect such rules and regulations as the Association shall from time to time consider necessary, in relation to Medical Education, and the advancement of Medical Science.

Resolved, That a copy of the above, signed by the President and Secretary, be presented to the American Medical Association, at the meeting to be held on the 4th prox. at Richmond, Va.

Ohio Lunatic Asylum.

The 13th annual report is before us, and exhibits a sound and prosperous state of things in every department of the Institution. The Superintendent, Dr. S. H. Smith, is obviously well adapted to his position, and seems to possess that rare combination of professional and moral qualifications so necessary in the management of the insane. His enlightened and discriminating views, as set forth in this report, are the fruit of science and benevolence, nor could this afflicted class of our fellow beings, be committed to better hands. There is much to admire in his report, as we may take occasion to show by extracts, when we have room.

Medical College of the State of South Carolina.

By the catalogue of this Institution, we perceive that the late class numbered 232, of whom 103 graduated. The evidence of growing prosperity, and prospective increase, is seen, not merely in the number of pupils and graduates, but in the increase of professorships, for which the highest standard of ability is sought, and this without any advance on the fees required of the student; or any unworthy artifice for attracting students, by opening a mercenary account of dollars and cents, to be credited in the event that they maintain adhesion to the school. The Professorship of Comparative Anatomy, now permanently filled by Professor Agassiz, has been added to the corps of seven professors, without any additional expense to the students.

Dr. Eleazar Parmly's Address.

Our fellow citizen Dr. Parmly, justly esteemed as a distinguished and eminent practitioner of Dental Surgery, in which profession he has probably no superior, has lately delivered an address to the graduating class of the Baltimore College of Dental Surgery, which has been published.

Dr. Parmly's public spirit, and zeal for the craft have prompted him to serve this distant college as its President, and he has ever extended to its interests his vigilant favor and patronage. It is not surprising therefore to find him aroused to unwonted earnestness in vindicating this, his favorite protege, and kindred dental schools, from the assault made upon them by Dr. Gardette of Philadelphia, and more recently by Dr. Trenor of this city, both able and learned members of the same profession. These gentlemen concur in preferring an education for Dentists in Medical Colleges, and would seem to regard it necessary that to become a skilful Dentist, a man should first be a competent physician; and they hence advocate as a substitute for separate colleges, that a dental professorship should be added to the Faculty of our medical schools.

Dr. Parmly combats these views in this address with signal ability, and with no little ardor and enthusiasm, throwing in a spice of satire and severity beyond what we have ever seen coming from his pen. But the time and the occasion, added to the provocation he and his associates have received, seem to have rekindled the fires of his youth, and he speaks with a fervor which gives a zest and interest to the address, which will render it both popular and useful. It would savor of presumption in us to "decide when doctors disagree," as to the merit of the question mooted. We must wait until our friend, Dr. Westcott of the New-York Dental College at Syracuse, shall review the whole subject, which we learn may be anticipated in the next number of the New-York Journal of Medicine.

Medical Circulars.

Such is the competition in medical instruction, in this country, that even the schools of medicine of some of the States appear to be earnestly drumming up the people for customers. Circulars are actually flying through the post offices, announcing the facilities, economy, &c. of certain institutions for next November. This is taking time by the forelock; but it is positively injuring the medical character of the United States, to make such a show of ambition to gather up students.

Boston Med. and Sur. Journal, 10th March.

Clerical and Judicial Encouragement to Quackery.

We see it stated in the daily papers that, at the fourth annual commencement of the Homœopathic College of Pennsylvania, the opening prayer was offered by the Rev. Mr. Evans; the *benediction* pronounced by the Rev. Mr. Remington; and the degrees conferred by the Hon. A. V. Parsons, President of the College.

Dental Colleges.

The attention of the undersigned has been attracted by an article published in the New-York Journal of Medicine, and signed J. Trenor, M. D. in which the following paragraph occurs :

"Under the plea of remedying all these evils, what are termed dental colleges, have been recently brought into existence. Conscious of the wants in this branch of the medical profession, and of the obvious inefficiency of a large number of those who appear in the capacity of its practitioners, and a belief taken, if not altogether for granted, certainly without sufficient investigation, that these institutions must necessarily remedy the deficiencies so generally felt and justly complained of, some of the members of the medical profession have accorded to them a degree of countenance and approbation, to which it can be easily shown, that they are by no means entitled. They come before the public with confident promises and plausible pretensions, and as at present constituted, are so decidedly inefficient, that they are a greater drawback to improvement than if they had never existed. They profess to remedy an evil, which they most effectually and glaringly magnify. They hold out the idea of giving a complete and finished course of instruction on dentistry, while full two-thirds of what should be taught, and that the most important, too, viz. all the instruction which every medical school inculcates in medicine and surgery, it does not enter into their arrangements, nor do they possess the ability, with any degree of usefulness or benefits, to perform."

The obligation which rests upon all men, to do justice and vindicate the truth, would be a sufficient reason why the undersigned should publicly contradict a statement which they know to be at once unjust, injurious and untrue, had not the language of Dr. Trenor given them a personal interest in the decision of the question he has raised. As they have from time to time visited the Baltimore College of Dental Surgery, participated in the examination of its pupils, sanctioned the award to them of professional distinction, and commended them in various ways to the confidence of the community, the undersigned cannot but perceive that they are particularly designated by Dr. Trenor, as the objects for the reproach that he invokes upon those who have lent their influence to further improper purposes and sustain unwarrantable pretensions.

The undersigned, therefore, Physicians and Dentists, who have at several times visited the Baltimore College of Dental Surgery for the purpose of making themselves acquainted with the design, means, capacity, and success of the Institution, ask leave to submit to the public the following declaration :

1st. That they are each and all of them acquainted by personal observation, with the character of the Baltimore College of Dental Surgery, and that no one of them has directly or indirectly any other interest in the Institution than that which results from an appreciation of its usefulness to the community.

2d. They are fully convinced that the instruction given in this College is sound, thorough, and efficient, embracing ample theoretical and practical tuition.

3d. That Dr. Trenor is entirely mistaken, and makes an assertion utterly unauthorized by facts, when he declares that "full two-thirds of what should be taught, and that the most important too, viz. all the instruction which every medical school inculcates in medicine and surgery it does not enter into their arrangements, nor do they possess the ability with any degree of usefulness or benefit to perform."

To the knowledge of the undersigned the contrary of this is true. The giving such instruction does enter into the arrangements of the Faculty is sufficiently provided for by them, and they do beyond all question possess the ability to perform the duties they have assumed with usefulness and benefit.

As Dr. Trenor has never visited the Institution, and has had none of these peculiar advantages for obtaining information which have been available by the undersigned, they have no hesitation in opposing their knowledge of facts to his conjectures of possibilities.

In conclusion the undersigned do heartily concur in recommending the Baltimore College of Dental Surgery to the patronage of the public, and the confidence of those who are desirous to avail themselves of the best means to attain excellence in Dental Practice. They are confident from their experience of the nature of teaching in medical schools, a nature of teaching founded upon the particular purposes originally intended to be subserved by their Institution, and now confirmed by long usage; that Dentistry can never be efficiently taught in them, and that the Dental Profession and the community generally will act wisely by giving support to special Dental Institutions.

E. TOWNSEND, Philadelphia.

A. SNOWDEN PIGGOT, M. D. Baltimore.

E. G. TUCKER, M. D. Boston.

ROBERT ARTHUR, Washington, D. C.

ELY PARRY, M. D. Philadelphia.

DANIEL NEALL.

C. C. WILLIAMS, Philadelphia, Pa.

JAS. BORDLEY, A. M., M. D. Baltimore, Md.

WM. H. DAVIS, M. D. do. do.

JOHN R. W. DUNBAR, M. D. do. do.

GEORGE C. M. ROBERTS, M. D. do. do.

W. W. HANDY, M. D. do. do.

EDWARD MAYNARD, M. D. Washington, D. C.

JOSHUA J. COHEN, M. D. Baltimore.

JOHN H. BRISCOE, M. D.

JOSEPH H. FOSTER, M. D. New-York.

J. PARMLEY, do.

EXPULSION OF HOMEOPATHISTS FROM THE EDINBURGH MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the Edinburgh Medico-Chirurgical Society, on the 3d of December last, the following persons, publicly professing homoeopathy, were deleted from the list of members:—Professor Henderson, of Edinburgh; Dr. McDonald, of St. Andrews; Dr. McLeod, of Ben Rhydding; and Dr. Ransford, of York.

American Journal of the Medical Sciences.

The last number contains an unusual variety of original articles, among which is a paper on Respiration, by Professor Draper of New-York, which exhibits the very ingenious theory which he adopts to explain this function on purely chemical principles. The new points he presents, will attract the attention of philosophers, and cannot fail to enhance his reputation in a department in which he has no superior.

Dr. Jackson, of Northumberland.

The annual discourse of this gentleman before the Philadelphia Medical Society of which he is the President, has been published. It portrays the temptations and discomforts of the physician's life, with the pen of one who has learned experience by the things which he has suffered through a long career in the arduous duties of the craft. We hope to find room for some striking passages hereafter.

Transylvania Medical Journal.

In looking over the pages of a late number, we observed an article entitled "Anatomy and Physiology of Pseudo-membranes, translated from the French of J. B. Pigni, by L. J. Frazee, M. D." and published as an original translation.

We soon recognized an old acquaintance, and by turning to the volume of the N. Y. Journal of Medicine for 1849, we found the identical translation, made to Dr. Frazee's hand, and from the original manuscript, by our neighbor, Dr. L. A. Sayre of this city, who, on inquiry, we learn still retains the MS. of M. Pigné as his name ought to be spelled.

On comparing the translations, we find them in almost ipsissimis verbis, so very like, that it seems a "psychological phenomenon," how the two translators could have so nearly resembled each other, unless the rendering of the one was lying on the table of the other. But we suppose in these days of "spiritual rapping," and *writing* too, no plagiarism can be proved, so potent is "Mental Alchemy."

Professor Mussey.

This veteran teacher and practitioner of Surgery has yielded his last introductory lecture to his class at the Medical College of Ohio. It presents a brief history of Surgery as it was, and as it is, enriched with numerous incidents and anecdotes occurring under his observation during his long experience, which render it a highly valuable document. It exhibits the claims and triumphs of modern surgery in a very striking manner, and deserves the compliment paid it by his class.

Dr. Alexander F. Vache,

Long known as a public officer in the service of the city and state, as Resident Physician to the Alms

House and to the Board of Health, and connected with various public institutions as medical officer, has issued from the press a volume containing his "Letters to the Legislature on Yellow Fever, Cholera, and Quarantine," with notes and additions, together with a lithographic representation of the Quarantine on Staten Island. He has increased its value by adding the Health Laws of the City of New-York, with critical notes.

Without endorsing some of the doctrines of contagion here taught, in relation to which a wide diversity of opinion must be allowed among medical men, we can, nevertheless, commend this volume as worthy of perusal by all who are interested in the subject, as presenting enlightened and practical views by an able and experienced physician. It is full time that our Quarantine system should be revised and improved conformably to the existing state of science, and this work can only be judiciously done by practical medical men, a commission of whom should be permanently organized by the state, independent of all party or political influences, to whom should be committed the whole subject of Public Hygiene and Medical Police, including the inspection and supervision of all the Hospitals supported by the public money. The importance of this subject cannot be overrated.

Public Documents.

We are indebted to the Hon. F. G. Luckey, of the Assembly at Albany, for the transactions of the State Medical Society, and other printed documents.

University of Pennsylvania.

At the late commencement of this venerable school, the graduating class numbered 157, from which we infer, that their brave response to the wishes of the profession, by extending their session to six months, and making it obligatory on the students, has somewhat diminished the usual number of the aggregate of the class. This result was doubtless anticipated, and the Faculty having counted the cost, resolved upon placing their example on the side of improvement and reform, at any sacrifice. We honor them for submitting to this temporary eclipse of their numerical supremacy in the number of their students, and venture the prediction that they will ultimately find appreciation and reward, by the patronage of that large majority of the profession, who are in earnest in the recommendation for an extended course of lectures, by the American Medical Association. Let them persevere another year, and the colleges, including their sister and rival in the same city, will be found marching *pari passu* with them in the six months course. The next generation of students will be taught to expect it, and to give it the preference, so that the extension in two years more will become policy as well as duty. Should the present system of teaching continue, and the college degree is still to be deemed a license, the six months course will become

manifest destiny. So mote it be. Else the erection of an independent Board of Examiners in every state, with the exclusive power to license, will be the alternative.

Doctor John Bell.

We learn from Philadelphia, that this gentleman having resigned his professorship in the Medical College of Ohio, has returned to his former residence, and resumed the practice of his profession. This step was rendered necessary by his ill health during the western winters, both he and his family having suffered much affliction by the change of climate, during their brief sojourn in Cincinnati.

We are pleased to extract the following item from the Cincinnati Commercial, affording as it does the best kind of evidence, that he was justly estimated in the Queen City, as he is known to be in Philadelphia, where many will welcome his return.

PROFESSOR BELL.—The departure of this gentleman from Cincinnati, owing to continued ill health, is a cause of deep regret to all his medical brethren in this city. Resolutions of a highly complimentary character have been passed unanimously on the occasion, by the Medical-Chirurgical and the Cincinnati Medical Societies.

Dr. Bell carries with him, also, the love and gratitude of his class in the Ohio Medical College for his untiring efforts, even when suffering from disease, to give them the best instruction, both in the College and in the Hospital.

The Trustees, by an unanimous vote, passed resolutions, in which they express their regret at his resignation, and the loss to the institution of his valuable services; and they tender to him their thanks for his past services, and their best wishes for his speedy restoration to health.

Dr. Bell, before leaving Cincinnati, delivered, by request, a parting address before the profession and the public, the publication of which, though called for by the meeting has been delayed, as he was on the eve of his departure, and could not then prepare it for the press. We have heard it highly spoken of, and hope to see it in print shortly.

Smith's Operative Surgery.

Messrs. Lippincott, Grambo & Co. No. 14 North Fourth-street, Philadelphia, will publish on Tuesday, the 3rd Part of the beautifully illustrated System of Operative Surgery, by Henry H. Smith, M. D. This work, besides its strictly professional detail, contains a number of interesting facts connected with the early history of the United States. In it may be traced the acts of most of the prominent surgeons of the country from the year 1608 to the present day. Showing the active part taken in the affairs of the government by the members of the medical profession. In paper, type, and valuable information, it is highly creditable to all concerned, and indicative of the enterprise of the publishers.

The Licensing of Physicians.

[The following spirited extracts from an editorial in the Stethoscope for April, are worth preserving, for the fearlessness in which Dr. Gooch promulgates the truth. They were written for the latitude of Old Virginia, but are of universal application, and will be useful in New-York especially, where a revolution in medical teaching is not to be delayed much longer, as "coming events cast their shadows before."]

It will be seen that at the last meeting of the Medical Society a committee was appointed to memorialize the legislature for the passage of an act establishing a board of medical examiners, to grant licenses to practitioners of medicine and surgery in Virginia. It would be a waste of time and words here to enter into an argument to show the great necessity or importance of such a step. It has over and over again been expressed by the profession, and no reflecting man can raise an objection to it.

We learn that under the new law practitioners are to be taxed ten dollars each, per annum. The constitution prohibits any specific tax being levied by the government, but to get around this, doctors are to be required annually to take out a license, and the license is to be taxed ten dollars. Of this we do not complain, provided the original license is granted only to physicians duly qualified to exercise the high duties and trusts of their profession. Everybody agrees that the health and lives of the people are more important than their money, and that they should be entrusted only to the safe keeping of those qualified by character and education.

A man who would deny that of all professions that of medicine is of more vital importance to the community than any other, and that it should only be exercised by those skilled in its philosophy and well educated, would be a wonder, even in this age of the world. Still we see the lawyer, (even though he possesses the diplomas of master of arts, bachelor of law, LL.D., &c. and is a graduate of the University of Virginia,) required by statute, first, to produce certificate of good moral standing, then to pass an examination before disinterested parties, and then to qualify in the courts by swearing fidelity to the state and to his clients. The people are not permitted to appear before or appeal to their common courts of justice. These legislative enactments have for their end the protection of the people, and are made to secure to them good and competent aid when their pecuniary interests require it. Lives there a man who denies that, under a good government, it is far more the duty of the law to protect the lives of its citizens, and to secure to them good and competent aid when their misfortunes and health require it? The echo of the back woods answers no! Then we appeal to the lawgivers of the land to grant, and to the public at large to demand, a simple act of legislation, which, while burthensome to none, will secure to all a boon which civilization and good government ought to guarantee. When any man is stricken with bodily

affliction he ought to know that the aid which he seeks is good and competent. The fact that his physician is entitled to practise on him by the law, ought at the same time to be a token and a guarantee that the state has confidence in the honor and capacity of the physician whom she furnishes to him. Now we have to ask the question, Is this the cause? Lamentable and melancholy as the truth may be, we must express the answer of common and well informed public opinion: It is not the case. It is certainly an exceedingly disagreeable duty which falls upon us of expressing this fact and of heralding it forth (not much to the reputation of the Old Dominion.) But however disagreeable this duty may be, we are much compensated by the opportunity afforded of raising our feeble voice and of exercising our poor endeavors for redressing the grievance.

"Medical colleges are private institutions, or even if they are government ones their object is to teach and to afford opportunities to acquire knowledge and to attain excellence in medicine. Just so are the literary ones, and all the diplomas, ought to be on the same footing; they should be in medicine, as they are in law and letters, merely honorable distinctions, testimonials of having gone through what the signers of them consider a sufficient curriculum of study to entitle the possessor to the title which they confer. They should never be farther recognized by government, nor should they entitle men to rights and privileges in the pursuits of life which are denied to those not possessing them, unless the government controls the colleges and itself grants the diploma through them. Then the diploma would simply be the license of government granted by its agents—the colleges.

"Now, we anticipate no demurrer to this logic, but will proceed to discuss, as briefly as we can, the policy of the change. The schools themselves acknowledge, the public aver, and the whole profession of the United States, in their congresses, often reiterate, that no man can acquire a sufficient knowledge in the two courses of lectures, of four months each, to be a competent or qualified practitioner of the healing art. Our federal government, never very celebrated for its notice of or efforts for science, has, from the days of its sagacious founders to the present time, required the qualifications of its subaltern officers—the second assistant surgeons for the army and navy—to be tested by an examination before a board of disinterested men. And of the crowds who go before this board, fresh from the best schools of the country, with the ink on their diplomas (diplomas certifying their competency as *Doctores Medicinæ*) scarcely dry, we see that only one in a large number is found capable. Aye, capable of officiating in the capacity of second assistant medical attendant of our soldiers and sailors. This fact alone speaks conviction of the truth that the medical diploma is *no evidence* of education—that it does not entitle its holder to the confidence of the men, women and children of the land as their protector from the ills to which flesh is heir.

The profession and the public appeal to the faculties of the colleges to raise their standard of graduation and to extend their course of instruction, but the appeal has been and will be in vain as long as the reasons given by each school remain valid. The usual answer is: 'Our money and interests are involved in our school, and the rivalry (in the work of manufacturing doctors) is now so great that we cannot afford to make this change. If we raise our standard to a high grade the students will desert us and go to Philadelphia and to the other schools out of the state where they are sure of graduating.'

* * * * *

"Before we conclude, it may not be amiss to allude to a silly argument which we hear designing men are circulating to prejudice the popular mind against the system, viz: 'that the allopaths want to put down all other kinds of practitioners.' This is humbug, for no authority has power to pass an *ex post facto* law—one taking away privileges now exercised by practitioners, and no board that can be constituted can reject a man for belief or disbelief in any particular doctrine of medicine. Men's minds do not all run together, even if they are educated alike. It will be the duty of the board to see that the candidate is qualified by being sufficiently well versed in anatomy, chemistry, physiology, pathology, the institutes of medicine and surgery. If his knowledge of these subjects is sufficient, and his character is trustworthy, he must pass, and may practise any system of medicine which his conscience and understanding direct him to. But is there a demagogue or a knave in the land who would claim the right of any man ignorant of these branches to exercise the high, noble and responsible calling of practitioner of medicine and surgery? If there is, pray let the world know who he is."

The National Association.

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"We heartily concur with those who think that microscopic, or even mammoth, medical colleges are unduly and over represented in the association. Each one, though a close corporation or a private individual concern, of one or of six professors, is entitled to two representatives and to two votes in the body. Now, by reference, we find that the objects contemplated by the founders of the association, were 'the protection of the interests of the medical profession of the United States, the maintenance of their honor and respectability, the advancement and the extension of their usefulness.' And 'to give frequent, united and emphatic expression to the views and aims of the profession; to elevate the standard of education; to enlighten the public in regard to the duties, responsibilities and requirements of medical men, and to excite and encourage emulation and concert of action among them.' With these objects, we think the institution, now granted to be the head and

body of the profession of the Union, is in the hands of an aristocracy, an élite of a favored few, who, instead of being subjects of the profession, govern and control it. The professors of the schools are represented as all other physicians are: then in addition they send nearly or quite half of their number to represent themselves over again; and as a school with two professors sends two delegates, each of the professors is equivalent to *ten* organized poor subjects—poor subterraneans in the humble walks of the profession. Is this right—is it proper that it should remain so? We are opposed to the representation from the schools entirely. These bodies, generally self-constituted and self-perpetuating, are the aristocracies of our order with absolute and hereditary power. They hold the keys of the portals of the profession; make doctors at their pleasure; govern them afterwards; reap the honors and pecuniary rewards, and are responsible to nobody. The association has over and over again instructed and entreated them to take certain steps which they have scorned to notice, and still we are to be governed by such masters, and to draw down their malice and vengeance when we grumble at the chains which oppress us. We have reason to hope for a better organization and the fruits of it at an early day. The subject has awakened the attention of many prominent men in the country. Dr. Samuel Jackson, in the last number of the Medical Examiner, proposes a remodeling of the governing body, and he clearly refutes the arguments in favor of the admission of nearly one-half of the *professors* of the country to represent themselves. 'Why cannot these noble spirits join the county societies' and go as delegates from, or be represented in them?'

Catheterism of the Fallopian Tubes--Is it possible under ordinary circumstances.

BY D. WARREN BRICKELL, M. D. NATCHEZ, MISS.

In the May (1851) No. of the New Orleans Med. and Surg. Journal may be found a very graphic account of the successful performance of an operation which consisted in the removal of an ovarian tumor, *per vias naturales*; that is, by "catheterism of the fallopian tube."

Reflection leads me to make a few remarks on this subject, which I wish regarded as prompted more by a spirit of inquiry than otherwise.

During my student's life I was induced to try this operation on the dead subject, but without success. Having like Richelieu a great contempt for the word *fail*, I tried it again and repeatedly, during two years' connection with a large hospital, (to the "dead house" of which I had the freest access,) but invariably without even partial success—unless the arrival of the end of the instrument within the uterine cavity shall be so considered. During this time, too, I had an opportunity of operating on a subject dead a few days subsequent to accouchement. In this case I thought my chances

for success enhanced in some degree, and I went to work with resumed energy, but disappointment was my sole reward.

Such results of course led me to reflect on the causes of my failure, and I have found no difficulty whatever in satisfying myself that catheterism of the fallopian tubes is a much more feasible operation in theory than in practice. In this progressive age the world would almost certainly frown on a man who would dare to pronounce *anything impossible*; yet, in all candor, I find myself constrained to make this declaration against the operation in question. Let the reader reflect a moment on the position of the uterus in the body, its mobility, the distance from the vulva to the cavity of the uterus, the length of the neck of this organ, the very limited diameter of the passage through the neck, the very compact and unyielding nature of the whole tissue of the uterus; let him remember the direction of attachment (if I may be allowed the expression) of the fallopian tubes to the uterus, the exceedingly minute calibre of the tubes, (scarcely admitting a bristle,) their extent between the organs which they connect—to say nothing of their tortuosity—and I feel satisfied that a large majority of the more experienced minds will hardly proceed so far as a *practical* demonstration (at least on the live subject) of the impracticability of the operation.

In the experiments I made, the only *curved* instrument which I ever succeeded in introducing into the uterine cavity was one but slightly curved *throughout its entire length*, and this much was exceedingly difficult to attain—instruments curved only at the extremity could not be introduced at all into the healthy uterus without a degree of violence not to be countenanced on any *patient*. What shall we say then of an instrument, "flexed like the male catheter," being introduced into the cavity of the womb, and being made to penetrate the fallopian tube throughout *three inches* of its extent!!

The reporter of the case expresses his own doubts as to the practicability of the operation on the tube in a state of health; yet he, at the same time, tells us that he has relieved cases of sterility and dysmenorrhœa by the operation. Does he mean to say that in such cases the tubes are *not* in a healthy condition? If so, in what condition are they?—and what are the data on which to base a diagnosis? On the contrary, would it not be more reasonable to infer some degree of *construction* of those canals under such circumstances, thus rendering the operation more difficult?

May not the reporter of this case have erred in his diagnosis? Is it not somewhat probable that his case may have been one of *uterine* hydatids, instead of ovarian? With all the attendant circumstances well weighed, I am inclined to think that this will be the conclusion of nine readers in ten. I have conferred with but one practitioner on the subject, and our opinions agree most accurately.

In order to render the operation under consideration practicable, there must exist a concatenation of fa-

vorable circumstances in the patient, which, should they ever be met with, must be regarded as truly miraculous—and all these circumstances put together must, at the same time, declare a state of disease deplorable in the extreme. Let those gentlemen who fancy that they have performed this operation on the living subject, try the same on the dead one: let them satisfy themselves (*per vias naturales*) that the instrument is within the fallopian tube; then apply the scalpel, and they will soon begin to think with many others of their brethren, that the operation is really performed *only on paper*.

Charleston Medical Journal and Review.

Spiritual Communications.

[Communicated for the Boston Medical and Surgical Journal.]

"Every dog has his day," saith the adage, and the wisdom of the fathers is in it. Of late, "spirits" are the "dog," and we may well consider them as having their day; and if we mistake not, their day will soon be over. The "spirits" have "rapped and tapped," "tipped tables and pulled hair," predicted events which never took place, told "*whoppers*" and been exposed, and on the whole shown themselves very ignoble spirits at best. They have vied with each other in impiety; and although their tricks have been fully exposed, still they carry on their operations.

But leaving the impiety and rascality of their proceedings out of account, the *puerility* of their performances is enough to stamp *humbug* on all their manipulations. He must have, truly, a high estimate of the dignity of his own "spirit," who could suppose it capable, in a disembodied state, of engaging in such utterly childish manifestations of itself, even were it possible! But a certain class of minds must be deluded by mystery. If the mist and darkness be removed, and the monster they had wondered at, and feared, is shown in the sun light as a *stump*, they will forthwith rush into some dark corner and see another.

Nor are men of profound learning, and piety even, always free from self-deception. The learned and pious President Dwight, with hundreds of other not less respectable men, certified most confidently to the wonderful virtues of Perkins's metallic tractors. But Perkins's tractors live only in the records of imposture—a monument of the facility with which men impose on themselves and others. Nor will it be long before many "*triumphant arts and sciences*" will be laid in the same oblivion with them. Others will take their places, for men love to be deceived.

Spiritual rappings are now at a discount, at least among the better portion of the community. They challenged the investigation of scientific men, and it was given. But any juggler can perform feats that Professor X. cannot explain, and yet they shall be *mere tricks*. But if the learned professor give his attention to them, and profess himself in doubt as to their nature, it is all one with the mass as if he declared them supernatural, and they will be deluded on the strength of his doubt. The fact that Professor A., and Rev. Dr. B.,

and Dr. C., attended the "spiritual performances" and could not at once see *through them*, was the cause of many being deluded. Had they waited a little they would have seen it to be a trick, as it has developed itself to be, nor would the multitude have been deluded by their means. Certain forms of imposture clamor loudly for scientific investigation. It serves to draw attention, and render it famous, and though it may be shown an imposture, it will have gained its object. Scientific investigation has *advertised* it, and the multitude have been imposed upon. It is not the duty of scientific men to investigate every new wonder, as soon as it is born. It is their duty to wait till time has fairly shown it to be a *well-begotten* wonder. "Spiritual rappings" are now well understood. No spirit need be concerned in them, but that of the operator and a few associates in the flesh. But the "spirits" cannot yet be dismissed. Now they "drive the grey goose quill," and instead of giving oracular responses, from the dead, who yet dwell in flesh, execute autographs and give responses in accordance with the *wish* of the operator.

We have now "spiritual communications" without any aid of spirits. But this theory is hardly worth a long article, were it not for embodying certain principles which we think questionable, and for its influence on a certain class of men.

We agree with Dr. Taylor in his estimate of mesmerism, biology, psychology, &c. and would place "spiritual performances" in the same category. Spiritual writing is evidently an off-shoot of "spiritual rappings." But this root has been already dug out of the ground, and though like the up-rooted elm in early spring, it may put forth buds, and even develop leaves, the summer will cause them to wither and die.

It is no uncommon thing for men to be deceived by their senses. Men of intelligence may be thus deceived, and instead of adding importance to the subject on which they err, only show the weakness of human nature. Still less uncommon is it for men of moderate mind to become insane on some predominant hobby. Witness the delusion of Millerism. Its votaries *believed they felt and saw* the physical signs of the earth's dissolution. They had the evidence of sense *to themselves*, but this imposed no obligation on men to investigate their vagaries.

Dr. Taylor takes the pen in hand, and it begins to write. He invokes the spirit of his nephew, and the pen writes his name. Then he thinks of the initials of his name, and the pen writes these. All this, says Dr. Taylor, was involuntary. Here we should demur. Many a man has deceived himself respecting his volitions. These were written, he says, in a hand which he never should have used, and which he *thinks* was the hand of his nephew. He omitted an important step in his experiment, viz. the proof by comparison that it was so.

"What is peculiarly worthy of remark," says Dr. T. "is, that the moving power in making an O throws round convulsively oftentimes twice, *always* twice if you

wish it." But the movement of the hand *involuntarily*, yet *always* in accordance with a *wish*, is remarkable. This is much like spiritual communications without a spirit. Thus we have a *voluntary* act *involuntarily* performed! So, too, he "could not *make*" his hand write "Mormon." *Make* his hand perform an involuntary act! He "could make it write anything he pleased!" He invoked the spirit of his father-in-law, and he, i. e. the spirit, which by the way is no spirit at all, only detached "vitalized electricity," informs him that the Roman Catholic religion is the best. But he says the hand writes what is in the mind of the operator. Dr. T. is, if we mistake not, a member of the Protestant Church. Either, then, the hand fails to tell what is in his mind, or he is recreant to his faith. Mr. Lincoln's spirit could of course have nothing to do with it. So, too, he *lets* his pen fall back on the *t's* if this is to be relied on. But he *lets* the pen make so many *involuntary* movements, that we suspect it moved in this case in accordance with the wish evidently in his mind.

So much for his facts. Now for his "theory." This is truly given in the *rough*, and we think the author may well invoke some scientific man to smooth it. Electricity, from its intangible nature, has always been a source of deception. Perhaps it is so yet. Dr. T. thinks it "detached vitalized electricity" which performs these wonders. His reasons are—1st, that the pen, when held loosely in his hand, began to dip and twirl like a horse-shoe magnet; and, 2d, that the pen said "yes" when he asked if it was that. When holding the pen loosely in the hand, it might well make certain motions which he could imagine resembled the movement of the magnet. In the next place, the pen writes what is in his mind. He says it is "detached vitalized electricity," and the pen writes it, and *so it is*.

Dr. T. evidently assumes the identity of the nervous influence and electricity, to which no physiologist would assent. This same transmitted influence he says is the mind. "But the term 'mind' is only a name for that certain something which passes, in a continuous current, from the brain to the hand and makes it write." We had supposed the mind was an entity, a being; but Dr. Taylor makes it electricity, a dependent on matter, if not matter itself. This has been the dogma of certain disbelievers in man's moral nature and future existence, but should not be of those who believe in them.

But there is another consequence of Dr. T.'s theory, which may be of some advantage to our legal friends, and *some* of their clients. If the "vitalized electricity" of another person may become detached and settle on my hand, and make me write, then it may also make me do anything else. Thus my hand may, under the influence of another's "electricity," commit murder, and I be hung for another's crime. As the plea of insanity is getting rather stale, we would commend this to the notice of our legal friends.

Again, the respectable men, to whom Dr. T. refers, consider this the world of spirits. He pronounces this delusion, but still claims an investigation on their ac-

count. He acknowledges that a belief in its being the work of spirits contributes greatly to the success of the experiment. It does so by fixing the mind on the *writing* more strongly. But the mind, fixed strongly on one thing is but poorly fitted to observe its own operations. Dr. Taylor, intent on the writing, forgets that he *willed* the hand to write. The pen, he says, moved in accordance with his wish, which is certainly an anomaly in involuntary action.

Dr. T. and his friends are not the first who have deceived themselves in this way, we suspect. The famous feat of his Satanic Majesty, in the time of our fathers, with the Bible and key, was of the same nature. So, too, the "divining rod," by which many a good man pointed out his beds of ore and hidden springs, operated on the same plan. Intent on the movement, they did not perceive the volition in consequence of which it moved. This power is nothing new. Dr. Taylor and his friends can deceive themselves just as well as our fathers could.

Finally, we say with him, "If it rains, we will let it rain;" but we wish to know whether it is rain, or only water thrown from a *pint cup*!

S. S.

Stafford Spa, Ct. March, 1852.

Etherization in Parturition Nineteen Years Ago.

Dr. Walter Channing reports in the Boston Medical and Surgical Journal, for March 10th, 1852, the following interesting details on this point. Dr. Channing was recently attending a case, in which he administered ether with "excellent effects." In his visit following the delivery, he asked his patient "how many times she had used ether. She named them, and added that there was one other time in which she used it with great advantage. 'I asked when. Nineteen years ago, she said, she gave birth to her eldest son. Her labor lasted more than a fortnight. In the absence of her physician, her husband tried to find something which had given some relief in her former and first labor. He failed; but being engaged in preparing a chemical lecture, and making experiments with sulphuric ether, he thought he would try that. It was wiped freely over her face, and forehead, and *breathed*. To his surprise all her distress passed away—the spasmodic twitchings disappeared—violent voluntary effort, and which constituted so much of her misery then, and has in all subsequent labors, ceased to annoy her. Her physician arrived, and was so much pleased with the effects of the ether that it was employed during the rest of the labor. Her labor was now easy, was soon completed, and a stout living boy born. Such was her account of her first use of sulphuric ether to diminish or to abolish pain."

Several communications are crowded out, but will appear in our next. Among them, one from Dr. O'Reilly, and a clinical lecture by Professor Carnochan.

Delegates

To the American Medical Association are reminded that the Annual Convention will assemble in the city of Richmond, Va. on Tuesday, May 4th, at nine o'clock in the morning. It is very important that they should be present, if possible, at the organization, which will require that their arrangements for travel be made accordingly. The steamer Roanoke, which leaves New-York on Saturday, expects to reach Richmond on Monday. But those who prefer the land route have need to leave Washington on Monday morning, if they would be in time.

Advertising Doctors.

The following advertisement has appeared for some weeks past in the "Sun," "Herald," and other newspapers. It is inserted here at the instance of many of our subscribers who wish to see how things are done in New-York. It will serve to show, that the time has come, when longer silence would be treason to the profession:

"PROFESSOR VALENTINE MOTT

Will give advice free of charge to the poor, and perform all necessary operations, on every Tuesday, at the University Medical College in 14th-street, from half-past one to half-past four o'clock, P. M."

Our position is that this is a flagrant violation of the Code of Ethics, and that if impunity be extended therefore to any Professor, every physician in the city may follow the example, whom self-respect does not restrain, and the Code becomes a farce.

New Publications.

Transactions of the Medical Society of the State of New-York, during its annual session, at Albany, February 3, 1852. Printed by order of the Legislature.

This volume contains as a prefix to the proceedings of the Society, and the accompanying tabular statistics and reports, a variety of communications and documents, transmitted to the Society by their authors, or by the County societies. Among these we observe the Annual Address of Professor Armsby, President of the Albany County Medical Society, on the subject of Hospitals, of which we have heretofore spoken. The Report of Professor Hooker to the National Association, on Medical Education, is also honored with a place by order of the State Society. Dr. Peter Van Buren's report on Deaf and Dumb Institutions will be found highly interesting and valuable. Dr. Goodrich of Brooklyn, communicates a well-written biographical sketch of the late Dr. James R. Manley, and also a paper on the Vital Statistics of Brooklyn. Dr. Reid, of Rochester, has furnished an elaborate paper on Dislocation of the Femur, and its reduction by physiological power under the manipulations of the surgeon, which possesses higher merit than has hitherto been awarded him. Several other papers deserve notice, and are highly creditable to their authors, but we must refer to the document which by the liberality of the Legislature, will be widely circulated.

RECEIPTS, not otherwise acknowledged.

Drs. Beames, S. P. White, Henry, Dickson, Loomis, 2; Van Rensselaer, Dering, Brown, Berger, Tuttle, Taylor, Foster, McClellan, Hart, Andrews, Green, O'Reilly, 2; Slight, Malet, Creveling, Forbes.

SMITH'S OPERATIVE SURGERY

PART 3RD.

Lippincott, Grambo & Co.

NO. 14 NORTH FOURTH-STREET, PHILADELPHIA.

Have just published a "System of Operative Surgery, based upon the practice of Surgeons in the United States," by Henry H. Smith, M. D., assistant lecturer on Demonstrative Surgery in the University of Pennsylvania. Illustrated with highly finished steel engravings.

PARTS 1, 2, 3 now ready.

"The beauty and extent of the Illustrations would amply suffice to command attention, and place this book in the front rank of standard publications. But its character as an essentially American work, built, as its title pages imports, upon a strictly national foundation must secure for it a general welcome. The Bibliographical index is a treasure in itself, and a monument of the compilers industry which must win for him the esteem of every medical inquirer."—*Medical Examiner*, Jan. 1852.

"It is a book alike creditable to the author and the country."—*Boston Medical and Surgical Journal*, Dec. 1851.

CHLOROFORM.

PURE.

Much of the Chloroform of Commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession that we have prepared an article, the purity of which can be implicitly relied on.

NITRATE OF SILVER

Can also be obtained of us, PERFECTLY PURE, either in sticks or crystals, manufactured at our Laboratory.

MORPHINE.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE THE

SYRUP OF IODIDE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality,) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS,

AND

SUPERIOR EXTRACTS,

OF

PHILIP SCHIEFFELIN, HAINES, & Co.

Druggists and Manufacturing Chemists,

107 Water-street, New-York.

KOUSO,

REMEDY FOR TAPE WORM.

DELLUC & Co. have just received from Paris, another invoice of the valuable medicine. Also, PURE CHLOROFORM, from the celebrated BERAL of Paris.

For sale, wholesale and retail, at 561 Broadway, 250 4th Avenue, and 2 Park Row.

THE MEAT BISCUIT,

OR

THE CONCENTRATED EXTRACT OF BEEF,
COMBINED WITH FLOUR,
Invented and Manufactured in Texas,
By GAIL BORDEN, Jun.

Secured by Patent in the United States and in England.

This new article, forms the most portable, convenient and useful diet, ever offered to the public. The "Council Medal" was awarded to the inventor at the Great Exhibition in London; thus showing the appreciation there had of its merits, after a most thorough examination by the distinguished Jury, and the analysis by Dr. Lyon Playfair, F. R. S. to whose report, reference may be made.

Dr. J. M. Bailey United States special Inspector of Drugs and Medicines, and Dr. Joseph R. Chilton Chemist of New-York, have also attested to the excellence of the Meat Biscuit.

The Gold Medal of the American Institute, has also been awarded "for this new and valuable article," as well as for "Pure Beef Lard" produced in its manufacture. The Meat Biscuit is eminently adapted

For Travellers by sea and land.

For the Marine Service generally. The health of seamen would be preserved, and their comfort increased by the use of it. Having the quality of meat fresh from the slaughter, it would doubtless prove anti-scorbutic; and with the sailors' salt provision, would be of the utmost importance.

For Dispeptics, Invalids and Convalescents, it is peculiarly suitable, from its easy digestibility, and highly nutritious properties. It is entirely free from fat, salt or other condiment, or antiseptic whatever.

For Family use, and in all circumstances where fresh meat is wanted, the Meat Biscuit will be found most useful and economical.

It can be readily prepared for use as a Soup, Pudding, Sauce and Mince Pie. One pound contains the nutriment or essence of five pounds of the best fresh beef. One ounce will make a pint of rich nutritious soup; and for a Mince Pie only two ounces, to every pound of fruit.

THE PRESERVATIVE qualities of the Meat Biscuit, have been tested, both by sea and land, for more than twenty months past. It has been carried to California across the plains, and by Cape Horn, to Canton and the Arctic seas, and back again; and a canister has also made seven consecutive voyages between Galveston and New-York, all remaining in a perfectly sound state, as when first manufactured.

Numerous and high testimonials of the value and excellence of the Meat Biscuit, have been received by the inventor. Lorenzo Sherwood, Esq. formerly of New-York, now resident at Galveston, the place of manufacture, testifies "to the great care and cleanliness observed in the manufacture of the Meat Biscuit." He says, "I can give the assurance that greater cleanliness could not possibly be observed, while only the best quality of beef and flour that can be obtained, is made use of."

Sold by

J. H. Brower & Co. Sole agents in New-York, 45 South St. where the Inventor may be addressed.

Also Sold by

Wade & Osborne, New Louis, Mo.

Hamlin & Perkins, New Bedford Centre-st.

Peirce & Bacon, Boston, Mass.

Wm. Bollaert, London, 2 St. Peters Alley, Cornhill.

A. B. & D. SANDS,

WHOLESALE DRUGGISTS,

No. 141 WILLIAM STREET, CORNER OF FULTON, NEW-YORK.

Offer for sale for Cash, or an approved Credit, at the Lowest Market Prices a large and well-selected assortment of East India, Mediterranean, and European DRUGS AND MEDICINES, French, English and American Chemicals of all kinds.

LOW'S Genuine Brown WINDSOR and HONEY SOAPS, Perfumery Fancy Articles, Fancy Soaps, Brushes, Extracts, Bronzes, Trusses, Leeches Paints and Oils, Dye Stuffs, Druggists' Labels, Window Glass, Surgical Instruments, Druggists' Glass Ware, Hatters' Goods, Shakers' Herbs and Roots.

GENUINE COD-LIVER OIL,

together with every Article composing the Stock of a Druggist or a Physician

DR. MCMUNN'S

BLAIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;
To relieve pain of irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.
And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,
Nor any derangement of the constitution or general health.
Hence its high superiority over Laudanum, Paregoric, Black Drop, De-narcotized Laudanum, and every other Opium preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. As a Freer Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is avoided a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium, or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Welch will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMunn's ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy, and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms, when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or sedative, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of all sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMunn's ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions.

Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMunn, all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will appear here genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the materia medica. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Insipissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity and efficacy not equalled by any* offered in this or any other market.

THE HYDRO ALCOHOLIC EXTRACTS

are prepared by steam process, and in a vacuum, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority

Among them are—

Extract of Belladonna,
" Butternut,
" Buchu,
" Bloodroot,
" Conium,
" " Seeds,
" " Gernan,
" Chamonile,
" Coleonyth, Ordinary,
" " Opt.
" Dandelion, Alcoholic,
" " Insipissated,
" Digitalis,
" Gentian, Opt.
" " Ordinary,
" Hyosciamus,

Extract of Hops,
" Jalap,
" Lupuline,
" Nux Vomica,
" Pinkroot,
" Quassia,
" Rhubarb,
" Sarsaparilla, Simplex,
" " Compound,
" Para " Alcoholic,
" Hon. " "
" Stramonium,
" " Seeds,
" English Valerian,
" Dutch "

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active *therapeutical* effects which they should possess, we take pains to procure the *herbs* from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their *superior efficacy* in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies*.

Philip Schieffelin, Haines & Co.

Druggists and Chemists, 107 Water-street, New-York.

OUR CHEMICAL FACTORY

(KNOWN AS THE BELLEFONT LABORATORY)

is under the direction of

MR. JOHN H. CURRIE,

who ranks among the highest in his profession as a

PRACTICAL CHEMIST

Antimony Tartrate, Crystals,
" " Pulv.
Ammonia, Aqua,
" Liquor Fort.
Ammoniated Alcohol,
" " Aromatic,
Argent Nitras,
" " Crystals,
Ferri Carb. Precipitated,
" " " Pure
" Sulphas, Pure,
" " Exsiccat,
Iodide, Arsenic,
" " Lead,
" " Crystals,
" Iron,
" " Pure,
Mercury, Bin Iodide,
" " " Crystals,
" " Protoiodide,
Morphine, Sulphate,

Morphine, Acetate,
Granville's Lotion,
Oil Copiva,
Oil Canbea,
Collodion, 1 oz. vials,
Precipitated Chalk,
Prussic Acid,
Potassa Nitras, Pure,
Spirits Nitri Dulce,
Syrup Iodide Iron,
Sulphuret Potassa,
Vallette Ferruginous Mass,
Zinci Acetas,
Zinci Sulphas,
Zinci Chloride,
Chloride Soda, de Labarraque,
Confection Roses,
Confection Senna,
Blue Pill Mass,
Ung Mercurial.

Many of these chemicals differ in *appearance* from the chemicals of commerce, as well as in their *valuable properties*, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY,

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynth, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Camellum will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The life of the patient; as well as the success and reputation of the physician and apothecary, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

Philip Schieffelin, Haines & Co.

Druggists and Chemists, New-York.

In order further to insure the purity of our Powders, we have everything pulverized under our own inspection, and on our own premises.

EXTRA POWDERS.

Aromatic Powder, U. S. P.

Pulv. African Pepper.

" Alum,
" Allspice,
" Aloes, Cape,
" " Socot,
" Asafoetida,
" Antimony, Ref. Elk. Sulph.
" Augusta Bark,
" Anacada,
" Bayberry Bark,
" Belladonna,
" Blood Root,
" Bitter Root,
" Black Root,
" Borax,
" Buchu,
" Caraway Seeds,
" Cantharides,
" Canela Alba,
" Cardamon, (Seeds only.)
" Cicuta,
" Cranebill,
" Cloves,
" " Nsamon, ordinary,
" " Ceylon,
" Cohosh, Black,
" Columbo,
" Colchicum Root,
" " Seed,
" Colocynth Pulp,
" Cubebs,
" Digitalis,
" Elecampane,
" Ergot,
" " 1 oz. vials,
" Ext. Colocynth, C'd.
" " Licorice, Calab.
" Fongurek Seed,
" Gentian Root,
" Ginger, Jamaica,
" Golden Seal,
" Guaiac Resin, from Tears,
" Gum Arabic, Turkey,
" Gamboge,
" Mastich,
" Myrrh,
" Tragacanth,
" Hellebore, White,

Pulv. Hyosclamus,

" Ipecac, without the woody centre,
" Ipecac and Opium. (Dover's Powders.)
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Nos. 10 & 11.

CONTENTS.

University of New-York, ...	127	COMMUNICATIONS:	Medical Students, Session 1851-52, ...	141	
Bellevue Hospital, ...	128	Are Leech-bites Poisonous?	135	Medical Graduates in 1852, ...	141
Foreign Communication, (Paris), ...	129	Dr. Shanks—Medical Reform, College	137	Vital Statistics of the City of Brooklyn, ...	141
Potter's Field, ...	129	Cliniques and Public Dispensaries, ...	136	Semi-Annual Meeting of the New-York	142
Commissioners of Emigration, ...	129	Academy of Medicine, ...	137	State Medical Society, ...	142
Corrections, ...	130	A Word to the American Med. Asso.	137	Brit. and For. Medico-Chirurgical Rev.	143
Anonymous Writers and Personalities, ...	130	MISCELLANEOUS ITEMS, ...	138	Life Insurance of Medical Men, ...	145
To Correspondents, ...	130	Medical Classes, Session 1851-52	138	Homeopathy, ...	146
Dental Colleges and the Medical Profession, ...	130	Medical Graduates, 1852, ...	138	Dr. Hisspald's Letter from Paris, ...	146
Observations on the Anatomy, Physiology, ...	130	Large Doses of Opium, ...	139	Annual Convention of Am. Med. Assoc.	147
Pathology, Symptoms and Treatment of Injuries of the Spine; Illustrated by cases, by John O'Reilly, M.D.	131	Medical Institution of Yale College, ...	139	Dr. Carnochan's Lecture on Operative	148
		Homeopathy Sanctified	139	Surgery—on Lithotomy, ...	148
		The Patent Medicine Hospital, ...	141	NEW PUBLICATIONS, ...	150

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BY JOHN BELL, M.D.

From the British and Foreign Medico-Chirurgical Review of April, 1851.

"The work by Dr. Bell is the most complete monograph, we do not hesitate to say, on the subject, that has ever issued from the press, and should find a place, as a work of reference, in the library of every practitioner. It is, also, we think, one of the most systematic works ever printed in the United States, and in this respect contrasts most favorably with the greater portion of Anglo-American literature."

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SUBSCRIPTION.—The price of this journal is \$1 per annum, which must be paid in advance. Single numbers, 10 cents. Extra copies, \$5 per hundred.

TO OUR SUBSCRIBERS.

This being a Double number, our next issue will be on the 15th of June.

University of New-York.

The circular of the Medical faculty of this school has been received, "addressed to the friends of improvement in the present system of medical education."

As we claim this character, it was natural that we should scrutinize this document to ascertain what "improvement" was proposed or suggested as sufficiently important to call forth this early circular from one of our city colleges. And we confess ourselves unable to discover any semblance of "improvement" in the innovations announced, or any thing else which can be acceptable or useful, either to the profession, the students or the public.

The animus of this circular is apparent in the following ad captandum flourish,

"There is a powerful auxiliary, which, if it will give its support to this attempt, can confer on it success; it is the MEDICAL PROFESSION. *To you we appeal.* Your countenance shown to this measure will lead to its speedy adoption in all our large cities."

Whether the "medical profession" can find any thing in the "scheme" meriting their "countenance" may be learned from the developments which follow, viz.

"We have erected one of the most commodious college edifices in America; we have appointed six additional professors; and have spared neither pains nor expense to afford ample occupation for those students who may be disposed to remain here during the summer."

Here it will be perceived is the gist of the plan,

which is to provide for a summer course of lectures by a corps of sub-professors, for the few students out of the class who may remain in the city during the year; and for the rest, constituting of course the vast majority, all regulations for examination, and the amount of fees are left untouched, "so that if you are so disposed you can graduate in the same way, and under the same circumstances as heretofore!"

Surely this is "improvement" with a vengeance, and this too in a "circular" declaiming against the "great disadvantage of an intervening vacation of eight months, separating two sessions of four," and pleading for the colleges being kept open for the year, thus "assimilating them to the academical departments," and yet limiting their advantages to the few "who choose to attend." Verily this is an "accommodation line." Students may remain throughout the year in attendance upon lectures and clinics if they choose;—but if they do not choose, *if they will only pay the same amount of fees*, they may take "an intervening vacation of eight months, separating two sessions of four," and yet graduate in the same way! and under the same circumstances! as heretofore! and as easily as though they remained through the summer.

Now the identical "improvement" called for by the friends of medical education is, that the students shall not graduate in the same way as heretofore! or under the same circumstances! and the requisition of such is, that there shall be a *real*, not a *mere nominal* extension of the lecture term, and this left to the "purely voluntary" system here devised. It may indeed be a scheme calculated to aggrandize the Faculty, by rallying superficial students, seeking a diploma, without reference to the extent and solidity of their acquirements. But "improvement" it is not, but rather as we shall show, a step in "progress backwards."

But there is another very ingenious feature in this "circular" and scheme, disclosed in the following paragraph.

TERMS OF ATTENDANCE.

"Though no obligation is imposed on the students to extend the time of their residence in the city beyond the period of the winter session, (those who have complied with the regulations of the University being permitted, *if they desire it*, to be candidates for graduation, *as heretofore*,) an extended system of instruction will be

continued during the rest of the year, to which all students of the University who have attended the winter Lectures will be admitted free of charge. Students who have not attended a full course of winter Lectures, and who may wish to enter for the summer course, will be received on the payment of the matriculation fee and \$25; and should they afterwards decide on becoming pupils of the University for the winter course ensuing, the \$30 thus paid will be credited to them on taking out their tickets for that course."

Again we ask what is there in all this to gain the "countenance of the medical profession," or to justify the "appeal to the friends of improvement in the present system of medical education." It provides for eternizing this present system for all who "desire it," and which will of course include the mass of the students, as experience will demonstrate. And it only keeps open the college during the summer as a recruiting office, to enlist pupils at \$30 a head for the next winter, payable in advance, and forfeited unless they consent to have it "credited" on the \$115 for the ensuing winter session, by becoming permanent pupils of "the University." Among mercenary calculators, this would be called a "fair business transaction," but "improvement in medical education" it demonstrably is not.

But whatever may be the design of this scheme for "improvement," let us look at its practical working, and see whether it can ever receive the "countenance of the medical profession." What is the primary and inevitable result of this scheme but to annihilate all office instruction by private preceptors? All history and all experience proves, what every physician knows, that the lessons taught during the private pupillage of the student in the office of his medical preceptor, are of far greater practical importance, than his attendance upon public lectures. On this subject the American Medical Association has spoken in terms not be misunderstood. And yet this scheme proposes, and this "circular" recommends that students should "continue their college course without any recess, the college undertaking the task to supervise his studies," and this throughout his entire course, thus dispensing altogether with private office instruction, which is indispensable to the proper training of every physician; and abolishing the office of private preceptors, in the overshadowing prerogatives of professors.

Truly the "march of power is ever onward, and its tremendous tendency to accumulation." The medical profession have, by common consent, yielded to these self-constituted dignitaries, the professors, a quiet monopoly of all the honors and emoluments of public teaching. But not content with these, they have managed already to secure almost a monopoly of private pupils, who fee one or more of the Faculty in their chosen college, to become their private preceptors, as well as their professors, although the supervision of

their studies is performed by proxy; yet the name of being private pupils in the office of professors, is supposed to facilitate, if it does not secure their graduation. This is done annually by many students, during the college sessions, while in the intervals at home they are the office pupils of private preceptors with whom they commenced their studies. But this plan proposes that the colleges "supervise their studies" the year round, and provides "sub-professors, not of the governing Faculty," to do by proxy this work of supervision. And yet it is called "improvement" forsooth, but by a strange misnomer, we humbly submit.

It only remains to allude to one more characteristic of this "circular." It affirms that "Clinical instruction is a chief feature in the course," and on no other data as we can perceive, than, that, during the summer there are to be "four clinics held weekly" by Professors Bedford, Mott, Clymer, and Post, and another on diseases of the skin by Dr. Bulkley. By way of glorification, as it would seem, the "obstetric clinique" is selected, and to remove its "problematical" character, a list of cases is affixed, said to have been "presented to the class" the day preceding the DATE of this circular. Unfortunately for our criticism, the Circular bears no date whatever! so that neither verification, or contradiction is possible. But we refer to it as disclosing what kind of "improvement" or rather innovation, seeks the "countenance of the medical profession," by this appeal.

The following are said to be among the cases presented to the class, viz.

Procidencia of the womb!

Ulceration of *Cervix uteri*, three cases.

Ulcerative Carcinoma of the *Uterus*.

Epilepsy from Amenorrhœa, in which a *speculum* was introduced!! Query, for what purpose?

Induration of *cervix uteri*, &c. &c.

We forbear to comment on this unfortunate feature of the circular, for according to other published notices these and the like cases have been publicly exposed upon the table, in the clinique, to over 300 persons, with open doors, and who could not by possibility find, in such an exhibition, any means of practical instruction whatever. It will suffice to say that against all such attempts at "Demonstrative Midwifery," the American Medical Association has recorded its protest, in its published transactions for 1851, and which will find an echo in the Convention of 1852. *Esto perpetua.*

Bellevue Hospital.

We understand that the sagacious Governors of the Alms House, have ordered that the assistant Physicians should no longer be provided with board on the premises as heretofore, but take their meals in the city. It seems that the medical Board have remonstrated in vain; justly shrinking from the responsibility for the safety of the inmates, during the necessary absence of the young

doctors from the Hospital, at their boarding houses, leaving the sick poor, meanwhile, by hundreds, without any medical officer of any kind in the building.

The Governors are probably governed by their non-medical Warden, who is their chosen adviser for this remedial institution; though his experience heretofore may have been acquired in the sale of liquors in the city, and kindred employments. If the medical staff of the Hospital consent to be thus overruled, they must indeed be thankful for small favors; and as to the young doctors, the furlough from the toils of hospital life three times a day will doubtless be a relief, whatever becomes of their patients. But the patients are "only paupers, for whom nobody cares."

Foreign Communication.

No. 5, Rue St. Germain des Fris, Paris.

DOCTOR REESE,
Editor of the "New-York Medical Gazette."

SIR: Several American Physicians in Paris, having formed an Association under the title of "The American Medical Society in Paris," and adopted a constitution, a copy of which is sent you at the same time with this circular, they would be grateful in having their efforts noticed and seconded by the Press in the United States. A chief object of this Society being to establish, with due regard to economy, a library and reading room, intended to contain medical books and periodicals, as well as miscellaneous works and newspapers, the Corresponding Secretary has been instructed to ask the favor of the transmission of your Journal, free of all cost, except the postage.

It is proper to acquaint you, in case that you are willing to accord this favor, that an arrangement has been made with Mr. Edward Bossange, shipping and commission merchant, of No. 134 Pearl-street, New-York, who will receive all letters, periodicals, newspapers, pamphlets and books, designed for the Society, pay the postage or freight upon them, and forward them to his father, Mr. Hector Bossange, of No. 55 Quai Voltaire, Paris. These gentlemen have generously offered to act as agents to the Society without any pecuniary consideration. Respectfully yours,

E. E. WILSON,
Corresponding Secretary.

[We publish the foregoing, in the hope that our American brethren will avail themselves of the facilities here indicated, of sending to our confreres in Paris, copies of their publications, and thus promote the praiseworthy objects of this transatlantic association of our own countrymen, in a foreign land.]

Potter's Field.

The urgent necessity of providing a new burial-place for the poor of this city, has been calling for the attention of our civic authorities for the past year. The grounds on Randall's Island have been nearly filled

up, and moreover their proximity to the nurseries on the same Island, where some 1500 inmates are perennially lodged, renders it important for sanitary reasons, that no more burials should be permitted in that locality.

Various other locations have been talked of, and very recently the sage Common Council resolved to purchase a tract of land for the purpose on Ward's Island, in the immediate neighborhood of the Emigrants' hospital. The prompt remonstrance of the Commissioners of Emigration, and the veto of our excellent Mayor, has, however, defeated this outrage upon all propriety, and the subject is again before the authorities. We allude to it only to repeat our admonition to the Board of Health, that the safety of our city's population during the coming summer, imperatively requires that some decisive action should be taken to secure ground for a city cemetery before the warm weather overtakes us. For if the dead are to be interred as heretofore on Randall's Island, the multitude of children in the nurseries should be forthwith removed, else a sweeping epidemic is to be dreaded, as probable, if not certain. The hazard of such a result should appeal to the humanity of the authorities.

Commissioners of Emigration.

These gentlemen, it appears, have found the labors and cares of their office so onerous, that they have by a majority, the minority protesting, appointed a Vice-President and chief executive officer, not of their own body, at a salary of *four thousand dollars per annum*, and he has entered upon the duties of his office. We opine that his office will be no sinecure, and we have no sympathy with the public clamor sought to be raised against the amount of his salary, which he will doubtless earn by the toilsome and hazardous duties which will devolve upon him. We may be pardoned, however, for the suggestion that the medical officers of the hospital merit the consideration of the Commissioners, for with much greater labor and risk of life, their salaries are rated at less than one-sixth of the sum awarded to this new officer. Even those who are required to do daily duty, by visiting the hospitals on Ward's Island, and devoting to this service nearly the whole of their time, receive only one-fourth the salary of this new Vice-President. We do not complain of the latter as too high, but only hint at the disproportion, as indicating the fact, that the physicians and surgeons of the Emigrants' Hospitals are not overpaid, whatever may be said of the other employees of the Commission. The duties, responsibilities and cares of the Commissioners of Emigration are immensely great, and increasing to an extent which must demand a large expenditure of money, for which the State must provide by law. Thus far, as we believe, a strict and rigid economy of expenditure has characterized all the proceedings of the Commission.

Correction.

An editorial in the *Courier and Enquirer* on the subject of Dr. Mott's proffered resignation of membership in the New-York Academy of Medicine, places it on grounds entirely erroneous.

The Academy has not assumed to interfere with his "benevolence," but only objects to his making superior or exclusive pretensions to that virtue, by "advertisements in the penny papers, offering medical and surgical advice gratis to the poor," thus implying, contrary to the fact, that every other member of the Academy is not equally "benevolent:" and this without a trumpet to proclaim their alms-giving, but rather "not letting the left hand know what the right doeth."

Hence the Code of Ethics, to which Dr. Mott, in common with the whole profession, has voluntarily subscribed, forbids all such advertisements, and the Academy have simply resolved that all its fellows must conform to the Rule, and this without naming Dr. Mott or any other offender. It is true that a charge against this gentleman is before the Committee on Ethics, and a response to which should have preceded the offer of resignation, and must precede its acceptance by the Academy. We only refer to the subject that the profession and the public may not be misled by a false issue.

From the Southern Medical and Surgical Journal.

Anonymous Writers and Personalities.

Although fully appreciating the benefits of a free press, and the multiplication of media for the diffusion of knowledge and morality, we cannot refrain from the expression of the profound regret with which we have observed, especially within the last twelve months, certain periodicals ostensibly devoted to the cause of Medicine, allowing their pages to be prostituted by anonymous writers to the grossest personalities and misrepresentations, and occasionally containing even Editorials equally objectionable. If licentiousness in secular newspapers be an evil deeply lamented by all good men, how much more must it be desecrated when found invading the sacred arena until now reserved exclusively for the efforts of minds in search of scientific truth and usefulness!

We would not do injustice to the Medical Profession of our country, by supposing that such Journals can ever secure or retain any countenance. Yet their demoralizing influence is incontestable, and can only be arrested by an immediate withdrawal of patronage.

To Correspondents.

Dr. Geo. C. Blackman's promised reply and defence to our late criticism upon his pamphlet, has not reached us, else it would have appeared in this number of the *Gazette*.

Philadelphia College of Medicine.

Professor Thomas D. Mitchell has vacated the chair of Theory and Practice, in this institution, by resignation.

Dental Colleges and the Medical Profession.

DR. REESE,

DEAR SIR—Knowing [the deep interest you take in whatever concerns the medical profession, and particularly the honest but fearless and independent stand which your Journal always presents in the discussion of matters connected with medicine and surgery, and all their collateral branches, the writer begs leave to call the attention of your numerous readers to two or three important points, which came before the late Convention at Richmond; the action had upon which shadows forth very distinctly the opinion of the profession upon the points to which they refer.

In the discussion upon amendments to the Constitution, and which will come up for final decision at the meeting to be held next year in this city, Dr. Wood, of Pennsylvania, proposed an amendment defining with more distinctness than had heretofore been done, the kind and character of institution entitled to be represented in the Conventions, such as medical societies, medical schools, &c. &c. The same gentleman next proposed a resolution, which was seconded, declaring, in so many words, that no Dental College or College of Pharmacy was entitled, or would be permitted to be represented in any future Medical Convention, and this resolution was passed without one single dissenting voice.

A MEMBER OF THE CONVENTION.

New-York, 15th May, 1852.

Among our new advertisements, in the present number, it will be seen that the third part of the great work of Dr. H. H. Smith, of Philadelphia, on Operative Surgery, has been already published, by Lippincott, Grambo & Co. illustrated like its predecessors with numerous highly-finished steel engravings, richly colored in the best style of the art. We have heretofore expressed our high estimate of this work, which is destined to take precedence of any foreign book in the market.

Messrs. Ticknor, Reed & Fields, of Boston, have in press a new work, entitled Operative Surgery, illustrated, by R. U. Piper, M. D. with more than 1900 illustrations and 200 original drawings. Professor Bigelow adds a chapter on Etherization. See advertisement.

Fowler & Wells, of Clinton Hall, New-York, announce a series of works on Physiology, Hygiene, &c. which we commend as calculated to be useful in popularizing these important subjects. As to their Phrenological and Hydropathical Journals, &c. we can only say that in their paper, typography, and low price, they are without a parallel in the country, or indeed in the world.

Barrington & Haswell, of Philadelphia, announce a few out of the multitude of publications, which they are perennially sending forth to the profession, who are under obligations to them for many of great value, and which are named in their advertisement.

The tasteless Castor Oil, on hand by John Milbau, 183 Broadway, has become all the rage, so that it is said "the children cry for it."

**Observations on the Anatomy, Physiology, Pathology
Symptoms & Treatment of Injuries of the Spine.**

ILLUSTRATED BY CASES, BY JOHN O'REILLY, M. D.

Licentiate and Fellow of the Royal College of Surgeons in Ireland, Resident Fellow of the New-York Academy of Medicine.

The anatomical relations of the spinal cord are exceedingly interesting, as well as highly important to be understood by the surgeon. Its presence in all the vertebrated animals, as well as in acéphalous monsters, where the brain is absent, clearly demonstrates that its existence is essentially necessary for the maintenance of life. This proposition is so well established, that it would be superfluous to dwell on the subject.

The spinal cord extends from the atlas to about the second lumbar vertebra in the adult. It is enclosed in a firm, bony, and, to a certain extent, ligamentous canal, formed by the regular adaptation of the foramina in the vertebrae, which enter into the construction of the spinal column and the ligaments connecting the vertebrae together. It is protected from violence externally by the spinous and transverse processes, as well as by a strong mass of muscles; whilst internally the bodies of the vertebrae are so arranged as to ward off disturbance produced by any sudden shock, having elastic discs, composed of fibro cartilage, placed between them; thus giving to the column a certain degree of motion combined with elasticity.

It will be recollected each vertebra has four articulating processes. In the cervical region, the two superior look upwards and backwards, whilst the inferior look downwards and forwards. In the dorsal region, the articulating processes look—the two superior backwards, the two inferior forwards. In the lumbar region, the two superior look backwards and inwards, the two inferior outwards and forwards.

It will be perceived, from the mode in which the superior articulating surfaces of a vertebra are joined to the inferior articulations of the one above it, that direct force applied to the spinous process would first fall on this articulation, causing either fracture or dislocation of the articulating processes, and would next come on the body of the vertebra, severing its attachment from the intervertebral substance; thus producing a fracture at this point.

It is to be remembered that the spinous process of the seventh cervical vertebra projects considerably beyond those placed above or below it, and is consequently much more exposed to injury.

The spinal cord has the same coverings as the brain, namely, dura mater, arachnoid membrane, and pia mater. It does not fill the canal, but is placed loosely in it, except anteriorly, where the dura mater is attached to the posterior common intervertebral ligament. Posteriorly the dura mater is separated from the laminae by loose cellular tissue and a plexus of veins. It is divided into two symmetrical halves by grooves running on its anterior and posterior aspect, whilst laterally there are two depressions corresponding to the origin of the roots of the nerves. It gives off thirty-one pair of

nerves, which arise by two roots—the anterior being destined for motion, the posterior for sensation. In addition to the nerves specified, it gives off in the cervical region the principal respiratory nerves, namely, the phrenic and spinal accessory. The phrenic nerve comes off from the side of the cord by three filaments from the roots of the third, fourth, and fifth cervical nerves, being thus connected with the cervical and brachial plexus. The spinal accessory arises by several filaments from the side of the cord near the fourth cervical nerve.

The spinal-cord is exposed to irritation, concussion, and compression, under certain circumstances. To elucidate this, it is only necessary to be reminded of what happens in tetanus. A person has a lacerated wound inflicted on his hand or foot; the sentient extremity of the nerve is irritated; the irritation is propagated along the course of the nerve to the spinal cord, which again transmits it to the nerves going to other parts of the body, producing rigidity in the muscles to which the nerves are distributed. Again, in Potts' disease of the spine, where caries of the bodies of the vertebrae is going on, irritation is communicated to the cord, and the muscles of the lower extremity become spasmodically contracted.

Here irritation is the cause of the condition of the muscles described—in the one case, excited by reflex action; in the other, by irritation affecting the cord itself.

A man jumps out of a window; comes on his feet, after falling a great height: temporary paralysis is the result, which disappears in some time. Here there is no injury of the cord or its membranes, and the case is simply one of concussion.

Again, a person falls from an eminence; the back first strikes the ground; perhaps coming in contact with a stone, brick, or some such substance. This case may be attended with fracture or dislocation of the articulating processes, as well as the body of the vertebra, through the intervertebral substance, and be followed by effusion of blood in the cellular tissue between the laminae and dura mater, by the rupture of the venous plexus, and thus by the formation of a coagulum pressing the cord against the bodies of the vertebrae. The anterior pillars of the cord would thus suffer more from compression than the posterior. This circumstance would explain why the loss of motion is greater than that of sensation, and would also serve to solve the question, why one extremity is so much longer in recovering than the other, by reflecting that one side of the cord may have a greater quantity of blood compressing it than the other.

I have made no allusion to compression from bone, which I believe rarely happens, unless from a gun-shot wound, when a ball fairly strikes one of the processes and enters the canal, and where the injury done is so great that the patient is doomed to die. Such, at all events, is the opinion of some of the most eminent surgeons. I will make no remarks on a case of this sort, never having seen one of the kind.

With respect to compression from pus, although it

seems feasible such should take place, yet, from the cases I witnessed, it does not appear to be of frequent occurrence. Every surgeon knows the higher up in the spine an injury is received, the greater is the danger to be apprehended. The truth of this statement is unfortunately too often proved to be true. See what occurs when the public executioner adroitly adjusts the noose to the neck of a criminal. Almost instantly, on the fall of the drop, life becomes extinct,—and why? Because the transverse ligament binding the odontoid process to the atlas is broken. The process of bone just named is propelled into the spinal cord, at its junction with the medulla oblongata. The cord is thus lacerated in the proximity of the respiratory tract, situated between the olivary and restiform bodies, and above the origin of the phrenic and respiratory nerves.

Next in importance with regard to injury is the part of the cord where the phrenic and spinal accessory nerves are given off. Here mischief is to be anticipated when the prominent spinous process of the seventh cervical vertebra suffers by an individual being precipitated from a height, or by getting a heavy blow upon it. Effusion of blood is apt to supervene, and the functions of the cord suspended in close contiguity to where these nerves take their origin from. The process of respiration being impeded, a fatal termination may be calculated on.

With respect to injuries in the dorsal region, such as occur low down generally end well. The same remark is true of the lumbar region, provided the cord is not divided, but merely suffers from concussion or compression.

Now as to the symptoms resulting from an injury of the spine. The principal ones are loss of motion and sensation in all parts supplied with nerves below the seat of the injury in the cord, a tympanitic abdomen, constipated bowels, feces discharged involuntarily, retention of urine, as well as severe pain in the spine, which is greatly increased on making any motion.

It is evident why this state of things should present themselves. The tympanitis is caused by the intestinal tube being distended with flatus. The abdominal muscles, being paralyzed, can exercise no power over it, and easily yield to the force from the interior. Again, the constipation of the bowels is occasioned by the peristaltic motion of the intestines not being assisted from the muscles just mentioned. With respect to the retention of urine and the involuntary discharge of feces, there is no difficulty in accounting for these phenomena; the one being caused by paralysis of the detrusor urinae, and the other by a similar affection of the sphincters ani.

As for the pain caused by moving the spine, it is induced by the weakened state of the spinal column, in consequence of fracture or dislocation of the oblique or articulating processes, as well as the solution of continuity between the body of the vertebra and intervertebral cartilage.

It is almost unnecessary to point out the reason why the functions of the kidneys and intestines are dis-

charged is, that these viscera are furnished by a distinct set of nerves, namely, branches from the sympathetic ganglia, and consequently act independently of the nerves derived from the spinal cord. Only for this beautiful provision in the animal economy, persons afflicted with such injuries should most unquestionably perish.

The sloughing or sphacelated condition of certain parts, which takes place at rather a remote interval, is brought on by lesion of the nervous energy and continued pressure. The wasting of the muscles is attributable to want of action, as well as deficiency of nervous influence.

As for the projection of one or more of the spinous processes which usually takes place, I conceive absorption of the intervertebral substances is the cause of this defect.

With regard to the treatment to be adopted in cases of injury of the spine: if it suffers from irritation, of course it should be removed, if it is possible to discover the source from which it proceeds, or if such could be accomplished. Again, should a case of concussion come under treatment, rest, attention to the bowels, and frictions, with stimulating liniments, will suffice to ensure convalescence. When fracture or dislocation presents itself, or both together, extension and counter-extension are recommended, with a view to the adjustment of the displaced bones, as well as the application of splints and rollers. Such treatment, when practical, should be adopted; but it appears more feasible in theory than in actual practice. I believe, after extension and counter-extension has been made, a firm bed is the chief thing to be relied on, and to keep the patient at rest.

Now, if compression exists, more active treatment will be demanded. The local applications consists in cupping and blistering; whilst internally the administration of mercury, to anticipate and subdue inflammation, is required; next the exhibition of hydrodate of potash, to ensure absorption of any extraneous substance that may be present, is indicated. Ultimately, the stimulus of strychnine, given internally and applied externally, is called for. I should also state that the constipated condition of the bowels will require to be relieved by purgatives occasionally. With respect to the "modus operandi" of strychnine, when taken internally, it appears to act by irritating the sentient extremities of the nerves, and that it has the same effect when rubbed to a part externally. Such being the fact, the irritation extends along the branches to the trunk of the nerve, which conducts it to the cord, stimulates the latter, and, by reflex action excites the nerves proceeding from it, resulting in spasmodic contraction of the muscles paralyzed; and this process being often repeated, eventually restoring the original muscular power.

I have further to observe that frictions, either with or without stimulating applications, are attended with signal advantage, and that the strength of the patient's constitution must not be permitted to totter, but that,

on the contrary, it must be promoted by generous regimen, tonics and anodynes. The length of time that elapses to allow the spinal cord to regain its normal vigor, after being greatly compressed, may be set down at about two years and a half. It is a remarkable fact that, when there is no motion, yet there will be *some sensation* in the cases which are destined to *terminate favorably*. A vast amount of importance must be attached to this *latter circumstance*, as tending to afford a distinct notion in giving a correct prognosis. The muscles nearest the seat of injury are the first to be seized with spasms, and are therefore the first to assume their proper duties; whilst those remotely situated are the last to undergo the changes just specified. It is a curious coincidence, that one extremity generally is affected more than the other. Why this should happen can be gleaned from the particulars already advanced. In giving opinions on cases of injury of the spine, circumspection must be observed. It is to facilitate this object that I am actuated to publish the following cases. I am well aware of the intricacy and importance of the subject I have been commenting on, and my incompetency to do it justice. However, I have endeavored to make my ideas conform with the facts derived from actual observation. In conclusion, I have only to add,

Si quid novisti, rectius istis
Candidus imparti—
Si non his utere mecum.

FIRST CASE.

Mr. James Mooney, aged 38 years, born in Ireland, on the 23d April, 1850, whilst walking on a board placed over a mill-race at Plankspoint, having slipped off, fell about sixteen feet. He was conveyed to his lodgings, and was attended by a doctor from Pittskill, who cupped him over the spine, removed the urine, which was retained, and gave him purgatives.

On the 1st May he was removed to the New-York Hospital, where he remained only one night, being alarmed by an opinion given by the Head Surgeon to his brother-in-law, that he could not live longer than three days. On the 2d of May I was requested to see him, and found him laboring under complete loss of motion of the lower extremities. Some sensation in right leg, retention of urine, tympanic abdomen, constipated bowels, experiences very great pain on any attempt being made to move him, when he says his back is nearly "broken asunder"—great pain on pressure over last dorsal, and first lumbar vertebra, but no positive indication of fracture or dislocation.

With respect to the treatment adopted he was successively cupped, blistered, salivated—had Iodide of Potassium administered—had strychnine exhibited internally in the form of pills, and externally in the shape of liniment, frictions were continually had recourse to. The use of the catheter was required for seven weeks—the tympanitis lasted six weeks—he was not able to leave his bed for more than three months.

The power of motion returned gradually, spasms at one time seizing on one set of muscles, then another—the muscles nearest the spinal cord the first to regain lost action—the right lower extremity first restored, the left not for several months afterwards. The patient can now walk very well, with a slight halt. The spine presents a considerable curve at a point corresponding to the sixth dorsal vertebra, which is above the seat of the injury.

SECOND CASE.

Mr. J. H. B. aged 38, a native of England, states that on the 1st of May, 1850, whilst ascending a ladder holding a heavy implement in his hand, he was precipitated a height of twenty-eight feet, in consequence of the breaking of one of the rungs. He says he made a "summerset" before reaching the ground, and that his "posterior" was the part first to come in contact with it. On being removed to his residence he soon found that he had no power over his lower extremities—that he could not pass his urine—that he had obstinate constipation of his bowels—that the feces were discharged involuntarily—that his belly was swollen—that he suffered the most excruciating torture on being moved in bed—that in fact nothing could equal the pain in his back—that it took three or four men to change his position.

Early in December, 1850, I was requested to visit him—he told me he had seventeen other doctors to see him, some of whom said he could *never recover*—he added the name of a respectable surgeon, who predicted he could not *live four days*. Others said he might live for some time, whilst others believed that he would never be able to stand, much less walk, even if he survived.

On examination the following symptoms and appearances presented themselves. Loss of motion and *nearly complete* loss of sensation of the lower extremities—tympanic abdomen—retention of urine—a disagreeable uriferous odor exhaled, caused by the urine being strongly impregnated with ammonia—constipation of bowels—involuntary discharge of feces, with prolapsus ani—an ulcer over the sacrum of about three inches in diameter, with the edges deeply excavated, having an unhealthy greyish aspect, and secreting a thin ichorous matter. There was another ulcer on the right heel about the size of a dollar, deep and excavated, secreting a similar kind of fluid—the muscles of the lower extremities, particularly those forming the calf of the leg, were greatly atrophied. The spinous process of the third lumbar vertebra projected about half an inch—the patient's general health was very bad, he was greatly emaciated—his pulse was quick and small; in fact he was laboring under well marked hectic fever, and was greatly depressed in spirits, he conceived his recovery was impossible. He had been told by two or three doctors that the ulcers could never be healed. Finding there was *slight sensation* in the left lower extremity, I

ventured to predict on the onset he would stand, and eventually walk, and also assured him the ulcers could be cured. The mode of treatment applicable appeared to be clear. The constitution being broken down by long suffering, required to be renovated—to prevent the patient falling a victim to exhaustion and constant pain, as well as to excite a healthy action in the ulcers, cause granulations to spring up, and thus promote their cicatrization. Accordingly I recommended the most nutritious kind of food, and also advised him to drink double X porter, as well as whiskey punch freely, of course alternating the one for the other, together with tonics and anodynes. Here I must observe the patient finding the good effects of the beverage prescribed—partook largely of it, and I must say with the most beneficial result, as in a short time he rapidly regained flesh, and for the first time after the elapse of seven months passed his urine without the aid of a catheter—motion also returned to a certain extent in the left thigh, which was preceded by spasms. The ulcers which were kept poulticed, with a view of promoting granulation; were now dressed with warm dressings, (equal parts of olive oil and turpentine.) This latter application, after some time, was changed for caustic wash—dry lint, oiled silk, and strapping the ulcer with adhesive plaster. Here I should state a variety of applications, such as sulphate of copper, nitrate of silver, tincture of iodine, muriate of antimony, were all had recourse to, from time to time. The ulcer on the heel healed first, and the ulcer on the sacrum healed to the size of a shilling, which is not as yet cicatrized, but is assuming a disposition to do so. Exfoliation of the os calcis took place, as well as of the sacrum; twenty-three pieces of bone came away from the latter. For eleven months the patient was unable to get out of bed, and did not get sufficient power over the sphincter ani to retain the feces for upwards of thirteen months. Again, it is worthy of remark that after he got power over the bladder to pass the urine, that for several months he suffered from an inability to retain it—indeed up to a recent date the urine passed off as soon as he got into the erect position. The power returned to the left lower extremity much sooner than to right. Here it should be mentioned frictions with various stimulating liniments were frequently had recourse to, and that the spasms in the muscles were promoted by the exhibition of strychnine administered internally and applied externally in the form of liniment. The muscles of the thigh were restored to power, and became developed before those of the legs, and the muscles of the latter before those of the feet. To use the words of the patient, who is extremely well-informed and intelligent, he could feel “the muscles swelling and getting strong” after each return of the spasms. It is a curious fact the spasms would at one time seize on the extensor, and at another time on the flexor muscles. The patient is now able to stand for ten minutes without any assistance, and can walk by giving him as

much help as to enable him to preserve his balance. He is daily getting more power over his limbs, and drives about in his waggon.

THIRD CASE.

Mr. Patrick Cogan, aged 35 years, born in Ireland—On the 10th September, 1851, whilst driving his waggon, was thrown off it, in consequence of the horse suddenly starting. It was remarked by a person who witnessed the accident that he fell on his shoulders. Two medical men were called on to visit him, and by their orders he was bled as well as purged. On the 12th September I was requested to see him, in consultation with the doctor in attendance, when the following symptoms presented themselves. Complete loss of motion and sensation in lower extremities; convulsive movements of upper extremities; retention of urine; tympanitic abdomen; pulse quick and small; respiration laborious; pain on pressure over the spinous process of the seventh cervical vertebra. No evidence of fracture or dislocation of the vertebrae. The patient died on the morning of the 13th.

FOURTH CASE.

Mr. Mathew Lawlor, aged 25 years, a native of Ireland. On the night of the 25th October, 1851, on his way from Yorkville to his residence at Harlem, in consequence of the darkness of the night, was precipitated a height of about thirty feet into the railroad, where he was found by a policeman and carried to his house. He was visited by a physician who prescribed for him. On the 26th I was requested to see him, when I perceived he suffered complete loss of motion, as well as sensation, in the upper and lower extremities. He merely had the use of his head and upper part of the neck, his abdomen was tympanitic; his urine was retained; his respiration was labored with a mucous rale in the bronchial tubes; his pulse was 90, regular and small. On making pressure over the spinous process of the cervical vertebrae he complained of pain over the seventh. He was perfectly collected, and said he was quite at his ease, that all he wanted was the use of his limbs. On the 27th, at about ten o'clock in the morning, he requested his wife to get him breakfast, as he felt hungry, and desired to have an egg; however whilst in the act of eating the latter, and before his wife had time to give him some tea to drink, which he asked for, he expired without a struggle.

Since writing the above cases, another one has come under my notice. A Mr. La F., residing in the neighborhood of Bleeker-street, about five years ago got a severe injury of the spine, attended by the usual symptoms. He was pronounced incurable by some of the highest authorities in the city. He did not recover the use of his lower extremities completely for nearly three years. However he is now in good health, walks without lameness, but presents a large curvature of the spine.

Communications.

Are Leech-Bites Poisonous?

1852, March 14th.—On coming out from seeing a patient, there being ice on the steps, my foot slipped and I fell—and in the effort to recover, the whole weight of the body came on my hand, and the force of the fall was felt mainly on the wrist, producing a very severe sprain. The shock at first, for a few minutes, was almost insupportable—the use of the wrist and hand, it being the right, was gone. The pain, except at the moment of the accident, had never been very great, being mostly of an uneasy, dull, aching kind. There was no swelling, redness, or discoloration the first week, simply a complete inability to use the wrist and hand, with a disposition to shrink back in the effort, as pain was the invariable result of the slightest motion.

During this first week, cold and warm applications were frequently used—both seemed to benefit, and I could scarcely say which appeared to do most good, or which felt the most pleasant; there being, however, a good deal of uneasiness in the wrist, especially in the effort to raise anything, to remove which it was determined to try a few leeches, and four were applied to the back of the wrist about 11 o'clock at night. On the next morning the wrist was swollen, with an intolerable burning heat, and considerable redness. Thinking that probably the leeches had been used on some one else, I called on the leecher, who assured me they had not; and as the burning, swelling, and redness were so extremely unpleasant, the thought occurred, that probably a more decided leeching was required, and eight or nine more were therefore applied to the back of the wrist and hand. This was in the afternoon of the next day after the first application; the leeches filled well, and the bleeding afterwards encouraged by warm water and poultices.

The burning heat was not relieved in the least, but on the contrary, was increased; and to my astonishment, the next morning presented my hand and wrist, both dorsal and palmar surfaces, swollen about twice their usual size, tense, and elastic, with the swelling extending more than half way up the fore-arm, and having a redness which was clearly that of Erysipelas. The Tinct. of Iodine being freely applied, promptly reduced both swelling and Erysipelatous redness, with a decided relief also to the burning. Where the leeches were applied, ugly and troublesome sores were produced, while on other parts of the wrist and hand, where there were no leeches, successive crops of red, shining, hard, and extremely painful pimples first made their appearance, which soon became pointed pustules, and containing a hard substance, commonly called the core, which could be pressed out. There were a great number of such pustules, of all sizes, both in front and back of the wrist. The most of them were opened, the rest broke of themselves, under the use of poultices, which have been almost constantly applied since

their appearance; and, although it has been now six months since the accident, these pimples and pustules still continue to appear, though they always come in a new place.

There are now, while writing, but three or four, and these give evidence of soon disappearing under the use of the poultices, which are still kept up.

Being able to write a little, shows the returning use of both wrist and fingers; and as to the swelling and redness, these have all disappeared.

REMARKS.

From the above facts the question placed at the head of this article is asked, whether *leech-bites* are *poisonous*? And whether or not they were the cause of all the unpleasant symptoms which, in this case, followed their application?

An accumulation of facts may answer the question; and if the above results follow only in few cases where leeches are applied, these few are certainly of sufficient interest to demand investigation, as well as a satisfactory solution.

Hoping, therefore, that the more enlarged experience of others may be brought to bear upon the subject; all that we propose at the present time is, simply to give our own inferences in the above case, which may or may not be verified.

It is well known that leeches, especially in cities, are of almost universal application; and though some very highly respectable physicians consider them poisonous and not to be trusted, yet the great majority think and act otherwise.

In my own practice, and in my own person, I have been in the habit of using them without any apprehensions of their poisonous tendency; but the occurrence of the case now under consideration has somewhat altered my views in reference to their entire safety.

To settle this question, several points seem necessary to be noticed, as the *constitution*, the *sprain*, and the *poison*.

It is undoubtedly true, that persons of bad constitution, or of loose, intemperate habits, may, from a slight wound or fall, have the most violent symptoms produced, which under opposite conditions of system would scarcely be noticed.

In the present case, I think it may be safely said that the constitution was not at all at fault, for I never was in better health in my life than when the accident occurred; and even since the accident, there has never been anything of fever, nor any general disturbance of the system—nothing, in short, except the local symptoms already detailed.

If the constitution then is not to blame, is the *sprain* sufficient to account for the swelling, heat, Erysipelas, pustules, and ulcers which followed?

A sprain is regarded as always involving a moveable joint, and a variety of structures are found as entering into the constitution of all such joints, as ligaments, sheaths, bursae, tendons, &c. According to Mr. Liston, a

sprain consists in a "subluxation or partial displacement of a joint, with stretching, and more or less laceration of the articulating apparatus." Violent pain is said to *immediately* occur, with *rapid* swelling and discoloration, from the effusion of ruptured vessels.

Now, in my own case, there was the violent pain, though of short duration, but none of the swelling and discoloration, as already stated, not for a week after the accident, and not till the leeches were applied. The brain could not then, according to Mr. Liston's definition, account for all the symptoms that followed— unquestionably the ligaments were stretched, and if the vessels were ruptured, they refused for a week to pour out any fluid; but rupture of vessels is not always necessary to account for effusions, whether of blood, serum, or lymph.

But it may be said, the sprain was not of sufficient magnitude or intensity to cause immediate swelling, and therefore lay dormant, as it were, till some exciting cause, such as the leeches, roused its violence into action.

Now is it possible that a shock so violent, as to deprive one of the use of the wrist and hand, and so sensitive as to make the least motion painful; is it possible, we say, that such a shock could be smothered for a week, and its violence not be developed till the application of the leeches, if the sprain or injury was the sole cause of all the disturbance?

Why the leeches, we apprehend, instead of being an exciting cause to such a state of things, as the rousing the smothered inflammation into an active one, on the contrary would rather extinguish, or aid in lessening what inflammation already existed.

If, then, neither the constitution nor the sprain are either singly or in combination, sufficient to explain satisfactorily the unpleasant symptoms that followed, we are, it would seem, driven by necessity to charge the same upon the leeches, and in their imparting a *poison* at the time of their application.

But a question here meets us in the outset—Were these leeches poisonous in themselves, or did they derive their poison from some foreign source? As for instance, in having been applied previously to an individual laboring under some specific form of disease? As already stated the leecher affirms they had never been used before; and if this be true, we must then believe that they possess the poison within themselves. And if so, they must further, necessarily, possess an apparatus for expelling that poison, so as to be introduced into the system.

Now, may not some leeches be poisonous and others not? As we find among snakes that some have, while others have not, any poison.

But there is still a difficulty in the way, for out of the same batch the leecher states, others have been leeches without any bad consequences. May not the leeches that were poisonous become mixed with those that were not?

W. R. HANDY.

Baltimore, May 1, 1852.

Dr. Shanks.

[We insert the following, because Dr. S. has a right to be heard. But he must be aware that we differ in opinion with him on the subject of Public Dispensaries, which we regard as among the most praiseworthy and useful of public charities. Their foundation idea, is the obligation to relieve and heal the diseases of the sick poor, *without, fee or reward*. But for "Dispensaries" this work would devolve upon medical men exclusively; but in these institutions, public benevolence combines to bear a part of the burdens, by paying a modicum of the expenses. Young physicians undertake the labor for very inadequate remuneration it is true, but they are compensated by the professional improvement derived from their service, while the sick poor are immeasurably benefited, and the expenses for medicines, instruments, &c. are borne by the Trustees. We submit that the objections to the College clinics, do not lie against the Dispensaries, the cases are not parallel, and hence the analogy attempted is illogical. The abuses to which the Dispensaries are liable, by the impositions practised upon them by persons able to pay, are to be deprecated, and the Trustees as well as the physicians, should guard against such perversion of public charities.]

MEDICAL REFORM, COLLEGE CLINICS, AND PUBLIC DISPENSARIES.

D. M. REESE, M.D.

DEAR SIR: It is presumed any physician who means to practise medicine with the view of obtaining for himself an honorable support, has a right which may not be questioned, to at least glance at the field on which alone the practice of his profession is called for, and is to be exercised. And if to his dismay he should discover in this field of all his future hopes and prospects obstacles to his success, so peculiar in themselves that, whilst they are introduced by the guardians of our honorable profession, on the plea of indispensable necessity for the proper instruction of the student, they at the same time effectually close the only door through which that student, when he becomes the physician, can hope to enter into the practice of his profession, by obtaining a case for which to prescribe medically, or upon which even to perform the simplest operation in surgery; thus, by a singular paradox, constituting the means supposed to be necessary for the better instruction of the student, such as by operating against him when he becomes the physician, are the best calculated to cause him to forget, and to render totally useless to him all his previous professional acquirements. Nevertheless it may happen that after many years struggling against the formidable obstacles presented by the institutions at the head of this article, the physician succeeds in obtaining a share of practice. But it is only now he becomes possessed of the knowledge of the wide-spread and extensive pernicious influence which these monstrous gigantic abuses of medical

practice have on the public mind; by creating the disposition evincing amongst almost all classes in the community, to lower the value and the worth of the services, and even the respectability of the standing of the well-educated and legally practising physician. As corroborative of the fact, he finds for example that almost all, or at least a majority of the bills which he presents for collection on his own account, are either not paid at all, or, if paid, it is not without a grudge, or the expression of an opinion on the part of the payer that it is too much, and altogether out of proportion, when it is considered that the same services equal at least, if not superior to his own, can be had by anybody merely for the asking any day in the week, and almost every hour in the day. Now there is no exaggeration in this, nor is it a fancy sketch; on the contrary, it is sober iron-ribbed reality. Under these circumstances it is asked, what can be done in order to rescue the practice of our noble profession from this wholesale degradation? The answer is obvious. It is to lop off or to render obnoxious the abuses complained of, by the adoption of all medical associations throughout the land, of the late noble action of the New-York Academy of Medicine. However unwilling we may be to open our eyes to look upon this picture, and to contemplate it in all its relations and ultimate effects upon the condition, the prospects, and the vital interests of our assuming conscientious brother, who means to practice his profession for the benefit of the public, and for his own benefit in particular, in an honorable way. However deaf we may become to remonstrances based on facts and on justice, against abuses so apparent that he who runs may read. Of one thing we may rest assured, and that is, unless these abuses are abated, the young man of education, of cultivated tastes, whose every impulse to action springs from that wholesome refinement, and yet delicacy of feeling and of sentiment which distinguish the gentleman, when the truth is made known to him, will pause ere he enters the ranks of a profession whose practice has become so debased and degrading, into whose hands then will fall, if it is not now falling, the practice of our noble and dignified profession. Let us beware, then, Oh! I beseech you, let us beware lest by countenancing flagrant medical abuses, such as we now deprecate, we unconsciously contribute to the production of that desolation in the practical field of our glorious profession, which could only then be occupied by the peacock and the vulture. I have the honor to remain,

Your obedient humble servant,

JOHN SHANKS.

Academy of Medicine.

At the last meeting of this body, the resignation of his fellowship, was tendered by Dr. Valentine Mott, Senior, but it was not accepted. Time has thus been afforded for a reconsideration of this hasty step, by this distinguished fellow of the Academy, who may

have been prompted thereto by bad advisers. The late action officially taken against violations of the Code of Ethics can have no *ex post facto* operation, being designed only to prevent future "advertisements offering advice gratis," on the part of any regular physician. Several members of the Academy have been in the same category, but the action had in the premises will doubtless "reform it altogether," and the object will be effected without any further proceeding. It is idle for any of the parties to leave the Academy on this account, unless they intend to leave the profession. The Academy did not make the Code of Ethics—they only declare their purpose to enforce it upon every regular physician without distinction, so far as their authority or influence may be respected. Nor can Dr. Mott insist upon his resignation, being accepted, without thus separating from his best friends, for he cannot find greater respect, veneration, or admiration of his professional character or talents any where than he has in the New-York Academy of Medicine, who would, as heretofore, delight to do him honor.

A Word to the American Medical Association.

BY J. H. S.

GENTLEMEN! You are assembled for the welfare of the entire medical profession throughout the United States. You are the guardians, and the only ones, of its honor. Permit me, with laconic brevity, to call your attention to one crying evil, which it is in your power, and yours alone, to remedy.

I allude to the immense number of unqualified men who are yearly crowded into the already overflowing ranks of medicine. A crisis is approaching which must be met, or the death-knell of your own respectability is tolled. Herds of the most ignorant "doctors" are annually turned loose, like locusts, upon the community, destroying the lives and health of the people, and reducing the noble science of medicine to a trade—a barter for money.

It is not in the nature of things that one-fifth of the vast multitude thus licensed *can* be either properly gifted with brain or properly educated.

Men who ordinarily would never dream of engaging in anything but mechanical pursuits are fairly *entrapped* into our profession by the facilities offered for entering it. Lecture-terms are shortened, fees are diminished, and a disgraceful underbidding is practised among many of our institutions to entice the poor innocent rustic from the solid comforts and real respectability of his plough or anvil, to the showy misery of a "professional life." Once entered, he discovers his mistake too late. Having swamped his slender means, he is unable respectably to leave it, and thus continues, dragging on a precarious existence, a burden to himself, a curse to the community, and a foul blot upon the profession. This is not an overwrought picture. In alas! too many instances it is literally true. How many a man bitterly curses the hour he entered the

profession, and would gladly leave it, but that his new-born *pride* prevents him from engaging in honest labor.

The profession is deservedly becoming ridiculous in the eyes of the community, and an object of sarcasm for the microscopic wit of the *feuilletonistes* of the day. Each year the hundreds (thousands, I might say) who issue from our medical institutions with their "diplomas" done up in neat tin cases, are greeted with the derisive shouts of an intelligent people. It is now quite a good joke to be a "doctor," for all but the unhappy one himself.

About two thirds of the graduates are open subjects of ridicule to the remaining third: English orthography and etymology are despised among the majority, and syntax is accounted an unclean thing.

Of their distinctively professional knowledge, the following is a fair sample: Sometime ago, a medical student in a dissecting-room in ——— was in a moralizing mood. Lifting up a skull, he contemplated the foramen magnum occipitis for some time very pensively, and at last heaved a deep sigh, and, as if deeply impressed with the mutability of human affairs, exclaimed, "Ah, how much good bread and cheese has passed through there in its time!!!!" It is unnecessary to add that he graduated that spring. *Such* are some of the men who represent our profession! Shade of Hunter; manes of the immortal Abernethy; spirit of Physick, hear! *Can* nothing be done; *will* nothing be done to check this avalanche? Much *can* be done, but *will* it? A recommendation from your Association to the different medical schools in our Union, to relinquish all right and power of granting diplomas would probably be heard and attended to. State examining committees could then be appointed by the State societies, and *none* allowed to graduate who were not *well* prepared. All competition of schools would thus be avoided, and fairness and justice only consulted in the granting of licenses. We have not too many *schools*; there cannot be too many, provided they have no power to grant diplomas where they are interested as graduating as many as possible. But the educating and licensing power should be vested in different bodies.

This I firmly believe to be the only true method to rescue our profession from its hazardous situation.

If I have been blunt and coarse in my mode of expression, pardon me. I have the deepest reverence for those "grand old masters," whose teachings I have ever listened to with pleasure and profit; and feel confident that all of them would delight to see their institutions thus placed far above the aspersions of malice, or the ridicule of the vulgar.

N. J. Medical Reporter.

Miscellaneous Items.

The medical society of Virginia have unanimously adopted a memorial to the legislature, now in session, for a Law separating the teaching from the licensing power, by the appointment of a State Board of Ex-

aminers, consisting of seven physicians, to be appointed by the Governor out of *twelve* who are to be nominated by the State Medical Society. The subject is now before the Senate of the State, and there is every prospect of success. In this event we shall publish its details, which have been well considered. Similar enactments in every state will doubtless be sought by the profession, who are awaking to feel their necessity.

The state Medical Society of Georgia met at Augusta April 14th, when Dr. A. Means, of Oxford, was chosen President for the ensuing year. Forty-four new members were added, making the aggregate 152. The Society seems to be in a vigorous and flourishing condition.

A new medical Journal is issued by Dr. F. A. Ramsey, of Knoxville, Ten. It is called the East Tennessee Record of Medicine and Surgery. The first number promises well.

The N. J. Medical Reporter says "Two persons have recently lost their lives while under the influence of chloroform; *twenty* and more have as recently been sacrificed by casualties on public conveyances."

Dr. Paul, of Trenton, has lately read an able paper before the Mercer Co. Medical Society, N. J. on the Medicinal Disinfecting, and Dietetic properties of Coffee. It appears in the Med. Reporter.

Dr. Pratt, of Baltimore, reports in the Amer. Med. Journal, cases of delirium tremens, successfully treated by the *internal* use of Chloroform in 3 doses. It was given in combination with the usual antispasmodic draughts.

Dr. Watson, of Glasgow, reports success in treating whooping cough, by applying the nitrate of silver to the pharyngeal and laryngeal surfaces.

Professor Patterson strongly recommends the Sulphate of Bebeerine in Intermittents. Dose to an adult 10 or 12 grains, in divided doses, during the apyrexia.

Professor Dunglison's clinical lecture upon Cardiac diseases, is reported in the last number of the Medical Examiner. It is sound, practical, and discriminating, and we regret that our limits forbid its insertion at length. We hope to find room for an abstract shortly.

Medical Classes, Session 1851-52.

Kentucky School of Medicine	-	-	-	112
Medical School of Harvard University	-	-	-	126
Memphis Medical College	-	-	-	52
University of Maryland	-	-	-	163

Medical Graduates 1852.

Kentucky School of Medicine	-	-	-	27
Medical School of Harvard University	-	-	-	38
Memphis Medical College	-	-	-	16
University of Pennsylvania	-	-	-	106
Pennsylvania Medical College	-	-	-	33
Philadelphia Medical College	-	-	-	73
University of Maryland	-	-	-	47

Large Doses of Opium.

[The Western Lancet thus criticizes a late case of Herculean practice.]

Dr. William Kelly, resident physician to Blackwell's Island Hospital, New-York, reports a case of puerperal fever treated with heroic doses of opium, which may stagger the faith of our readers. The treatment occupied a period of *nine days*, during which time the patient took by the mouth *eighty-four* grains of morphia, and *seventy* grains of opium! which would give an average of more than *nine* grains of morphia, and *eight* of opium, daily! But this large aggregate was not equally distributed throughout the nine days, for the writer states that for six days she took twelve grains of *morphia*, daily. And we are informed that the result was most satisfactory; the medicine produced only semi-narcotism for twelve hours; the kidneys performed their office as usual; the bowels were kept relaxed, and no function seemed to be injuriously affected.

This statement awakens several reflections. On the assumption that the report is literally correct, (which we have no reason to doubt,) we are forced to the conclusion that some unusual *modifying* cause was in operation. We are free to confess that we believe it impossible to administer twelve grains of morphia a day, for six consecutive days, to persons possessing the ordinary susceptibilities to the effects of this agent, without producing fatal results. How, then, are we to explain the *beneficial* effects of this enormous dosing with opium? The following solutions to this question may be mentioned, without, however, attaching great importance to either:

1. Can the system acquire such a degree of *tolerance* (as is the case with tartar emetic) that heroic doses can be given with impunity?

2. Is it possible that the function of absorption was so much depressed that the medicine was not taken into the circulation, and passed off by the alimentary canal, comparatively inert?

3. Was there a peculiar insusceptibility—an idiosyncrasy—which resisted the effects of the remedy?

We confess to an inability to explain satisfactorily this extraordinary case; but (admitting the facts to be undoubted, and the medicine pure) we incline to adopt the third conjecture. It is quite certain that this case will not be a safe precedent for the guidance of the practitioner. It must be regarded as constituting a remarkable exception to a general rule.

Medical Institution of Yale College.

We learn with pleasure that Dr. Worthington Hooker, of Norwich, has been appointed to the chair of Theory and Practice of Physic in this school, in place of Dr. Eli Ives, transferred to the chair of Materia Medica and Therapeutics. Dr. Hooker is a gentleman of highly cultivated mind, of sound judgment, of very enlightened views, and his appointment will add strength to the school.

[From the Western Lancet.]

Homœopathy Sanctified.

Those who have taken the trouble to read the dogmas of Hahnemann, and likewise to follow the scintillations of light shed forth by his numerous commentators, cannot have failed to observe, that there was a deep *mystery* involved in this vaunted system of therapeutics. The rays of light cease to be a mysterious compound of seven colors, because the *prism* demonstrates the fact; the laws of chemical affinity no longer challenge the incredulity of the student, for they admit of mathematical demonstration; the hidden character of many forms of morbid action have been freely elucidated by the agency of the crucible, the microscope, and the scalpel. But for *Homœopathy*—that inscrutable conglomeration of truth and falsehood, demonstrable facts and incomprehensible transcendentalism—for this scientific *fable*, there was no elucidation, no demonstration. It rose into the pure ether of idealism, and no power of the prism, the crucible, the microscope, or the scalpel, could dispel the deep and impenetrable veil which hung over it.

This state of darkness, however, we are pleased to say, is fast receding. Two lights have recently gleamed upon the night of mystery; one rises with meteoric suddenness from the glowing clime of the Brazilian Capital, while the other comes from an English Rector, preaching to a wondering audience in the busy mart of Old 'Change, Cheapside.

It appears that the disciples of Hahnemann had fixed on the thriving city of Rio Janeiro as the headquarters of Homœopathy, whence was to radiate light for the whole world. For a time, however, matters went badly with infinitesimals, until an extraordinary event occurred which was to mark a new era in the progress of homœopathy, and, indeed, to herald the regeneration of the world.

The heir-apparent to the Brazilian throne, the Prince Alphonso, died, it is alleged, of a consumptive complaint, and under the care of legitimate medicine. It was declared, also, that the consumption was contracted from a tuberculous nurse, against whose employment the homœopaths had protested. This idle tale should excite only a smile of derision, but it appears that the homœopaths managed to turn it to a better account. They saw in this event a miraculous interposition of Providence to arrest the work of so-called *allopathy*, and to *regenerate the world!* It was also discovered that Hahnemann was an *inspired* discoverer; but that the blessings which Providence designed to impart, through *him*, required the agency of an expiatory sacrifice, and that the Brazilian Prince was the victim selected for the great act of propitiation!! This was enough. The blood of the victim cried aloud for vengeance, and forthwith the Government authorized the establishment of a "School of 'Pure Homœopathy,'" which was empowered to license homœopathic practitioners.

At the first graduation, we are informed that the

ceremonies were conducted with great formality and solemnity. The following extract from the proceedings will sufficiently attest its farcical character:

"On the second of July, 1849, at five in the afternoon, fifty-four members of the Homœopathic Institute met in an apartment, brilliantly illuminated, and hung with poppy-colored damask, bordered with lace fringe and gold and silver ornaments, and relieved with festoons of natural and artificial flowers; above the seat of honor being a portrait of his Imperial Majesty Don Pedro II. having at his right hand a portrait of Hahnemann, &c.

"At this moment, Dr. Mure, Dr. Martins, Dr. Figueredo, &c. took each from the bureau, and hung around their necks a white ribbon with two love knots; the color, as a symbol of purity of intention; the form, to denote the circle of human knowledge; and the knots, to signify the union of men on earth with one another, and with 'God in heaven.'"

In due time, and as a part of the imposing ceremonies, the candidates for the honors of the homœopathic school took a long oath, binding themselves, in the name of the Father, Son, and Holy Ghost, to believe entirely and exclusively in "pure homœopathy." Whereupon Dr. Mure, in the name of Hahnemann, (whom he styles "*messenger of heaven*,") declared the candidates fit to exercise the new art.

In addition to these proceedings, the Secretary of the Government delivered an address in commemoration of the death of Prince Alphonso, wherein he declares the old system of medicine to have been given up to Hippocratic and Græco-Roman tradition, and that it remained Pagan and material until Hahnemann, "the most inspired of discoverers," made his advent. "Through him, Christian science became universal, and the redemption descended from the dominion of sentiment to that of ideas and intelligence." But mere logical conception could effect nothing with man; there must be a *victim*; God willed that this expiatory victim should be born on the steps of the throne.

"A peal of thunder betokened the birth of him elected by God for this great mission; and three days of fairest sunshine heralded his return to his heavenly abode. Nature, who mourns for the woes of humanity, saluted with all her splendor a death apparently so deplorable, and, nevertheless, as salutary here below, as it is precious in the eyes of God.

"It would appear that man can return to good only through an excess of evil. In order that the human race should renounce the worship of false gods, nothing less would serve than a *Deicide*. By a *Regicide* allopathy was herself to indicate her last hour, and show to all Brazil the monstrous consequences of her mischievous endeavors.

"Nothing could prevail against the efforts of the Most High. The Prince Alphonso was destined to perish, and we to bear witness to his death, in order

that it might prove more useful to the world than has been the life of the greatest monarch.

"The Prince Alphonso has fulfilled, in our eyes, a most providential mission."

The blasphemy of this impudent Brazilian Secretary might have passed unheeded, were it not that nearly identical doctrines have recently been announced from the English pulpit. On the ninth of April, 1851, the Rev. Thomas R. Everest, Rector of Wickwar, preached a sermon in the church of St. Augustine, Old 'Change, Cheapside, in aid of the Hahnemann Hospital of London, in which the spiritual or religious relations of homœopathy are distinctly set forth. This reverend priest-physician has discovered that the ancient Jewish leprosy is nothing more nor less than the homœopathic *Diatheisis Psorica*, which, according to the Hahnemann system, is the cause of all diseases. The itch contamination, the Rector of Wickwar thinks, is the great primeval *physical* curse, or the source of all disease, inflicted on man at his fall; and that homœopathy is capable of cleansing the system of this contamination, after which man can be fully regenerated, not only *physically*, but likewise morally. But in order to accomplish this great moral and physical regeneration, the work must commence during infancy, if not before birth! He says:

"So soon, therefore, as the infant opens his eyes on the light, (if not before,) so soon does the medicine of love begin its efforts to bring about harmony in the internal mechanism. * * * * The first care of parents is, by proper dynamic medicines, to eradicate all those psoric tendencies which cause or increase all our aches, pains, ill-temper, obstinacies, rebellions, cachexies, and all chronic diseases.

"And when you have brought about *this* sort of education—that is to say, when you have fulfilled your Redeemer's instructions, and first healed the sick, and cleansed the lepers, and *then* preached the Gospel to them, the great *Social Problem* which has puzzled so many generations, and this one most of all, is solved. * * * It is your beating and scolding, your alcohol and mercury, your bad systems, bad medicines, bad teaching, and bad training, that make of the uncleaned leper and unhealed man your non-Christian, or your Christian so very unlike Christ—that plunge mankind into every eccentricity, extravagance and excess. * * When the old system (of medicine) shall have quite vanished from the earth, and the new one shall be established, *then, for the first time*, will the Gospel of the kingdom of Grace be preached as Jesus ordered it to be preached, and received as God intended it to be received."

We might permit all the declarations of the Brazilian School of "Pure Homœopathy," and the effusion of the Rector of Wickwar, to pass as mingled nonsense and fanatical blasphemy of a few simple-minded or designing persons, were it not for the fact that the

Homœopaths of England fully endorse these monstrous assumptions. The "British Journal of Homœopathy" introduces the Rio Janeiro man as the "Apostle of Homœopathy;" and at a dinner given in aid of the Hahnemann Hospital, the sermon of the Rector of Wickwar was hailed as a "*giant addition to homœopathic literature.*" And the "Homœopathic Times" declares of this sermon, that it showed how the taint of sin and leprosy is in our bodies; that homœopathy is not only a good work, but a *holy* task.

All doubt in regard to the truth of homœopathy must now cease. Uncleansed and itch-contaminated materialism cannot appreciate its purity and truth; but, with the faith of religious confidence, all mankind must acknowledge its divine origin, and bow in reverential obedience to its regenerating influences.

Here is a grand field for imposture. The Brazilian Apostle finds a ready echo from the English pulpit; and will not the land of Mormonism and spiritualized homœopathy join in the song of the itch-redeemed throng, and swell the anthem from hill to hill and from valley to valley, until the hosts of American lepers shall be washed from all psoric tendencies? Here will be found a field for the priest-physician more fertile than credulity has yet afforded; and we are greatly mistaken if it is not, ere long, fully cultivated.

The Patent Medicine Hospital.

The subjoined advertisement is earnestly recommended to the attention of the nobility, gentry and clergy who patronize the homœopathic hospital, and homœopathy and homœopaths at large; and who might just as well patronize an hospital conducted on the principles of patent medicines:

The philanthropic gentlemen who wish to purchase Dr. G——'s Miraculous Recipe, (*and make a fortune by establishing the health of the people,*) can be introduced to hundreds, who, after being given up for death by their medical attendants, are now *one, two, three, and four* stones heavier, although physicked powerfully every day during their being cured, and using from ten to forty pills each dose. For particulars apply to Dr. G—— and Sons, at ——— street, Glasgow, where they give free advice to their patients.

Messrs. N——, G——, agents for Edinburgh; more of whom are wanted at home and abroad.

Here is a chance for the "philanthropic gentlemen" and ladies, to whom we appeal. Let them not pool-pooch us with the put-off that Dr. G—— is a quack. What right have they to call him so? Have they ever tested the powers of his "Miraculous Recipe?" Was not Galileo scouted and persecuted, from prejudice, without investigation? Ditto Columbus? &c. &c. If infinitesimal globules are not too difficult for their deglutition, why should they refuse to swallow G——'s pills—ay, by forties at a dose? Dr. G——'s pretensions may be inconsistent with homœopathy. But then, homœopathy is inconsistent with physiological, patho-

logical, therapeutical and pharmaceutical facts. If *Punch* is wrong in stating this, the nobility, gentry and clergy above alluded to do not know that he is not right. They have never studied the laws of health and disease. What do these duchesses and other persons of quality of either gender know about the science of medicine? Yet they think no geese of themselves for forming an opinion on that subject, into which they have not inquired, in opposition to the judgment of those who have made its study the business of their lives. Personal recovery, after recourse to an alleged remedy, without reference to the question of *post hoc* or *propter hoc*, is sufficient for them. Then why not try G——'s pills? They will not take upon themselves more decidedly than they do at present to contradict the Colleges of both Physicians and Surgeons; both of which bodies, by patronizing homœopathy, they virtually declare themselves to regard as composed of block-heads or imposters. By all means, then, let them do the same justice to Dr. G—— that they do to Dr. Globules, and that the scientific and enlightened Earl of Halloway did to Professor Aldborough.

Punch, January 24, 1852.

Medical Students, Session 1851-52.

Massachusetts Medical College, - - -	126
Medical Department, University of Louisiana, - - -	186
Jefferson Medical College, - - - - -	506
Starling Medical College, - - - - -	146
Medical College of Ohio, - - - - -	151

Medical Graduates in 1852.

University of Buffalo, - - - - -	20
Jefferson Medical College, - - - - -	228
University of the City of New-York, - - -	98
Starling Medical College, - - - - -	35
College of Physicians and Surgeons, New York, - - -	59
Medical College of Ohio, - - - - -	44

[From the Transactions of the State Medical Society.]

Vital Statistics of the City of Brooklyn.

BY CHARLES S. J. GOODRICH, M. D.

At the annual session of the Society in February, 1850, the undersigned, as health officer of Brooklyn, reported, in conformity with a resolution of the Society, the mortality in the city for the then preceding three years, viz.:

Deaths for the year ending Jan. 1, 1848, . . .	1,777
" " " " 1849, . . .	2,095
" " " " 1850, . . .	3,052
Since then, the deaths for the year ending Jan. 1, 1851, were . . .	2,055
Since then, the deaths for the year ending Jan. 1, 1852, were . . .	2,858
as follows, viz.:	

1850.	Males.	Females.	Adults.	Children.	Total.
January, . . .	102	130	119	113	232
February, . . .	81	71	83	69	152
March, . . .	81	97	82	97	179
April, . . .	105	65	73	97	170
May, . . .	82	61	61	82	143
June, . . .	87	71	79	79	158
July, . . .	86	82	61	107	168
August, . . .	147	88	62	173	235
September, . .	106	78	76	108	184
October, . . .	58	67	62	63	125
November, . .	104	83	89	98	187
December, . .	58	64	49	73	122

Total, . . . 1098 957 896 1159 2055

For the year 1851, as follows, viz. :

	Males.	Females.	Adults.	Children.	Total.
January, . . .	97	78	58	117	175
February, . . .	102	102	63	141	204
March, . . .	98	87	76	109	185
April, . . .	103	105	67	141	208
May, . . .	98	96	76	118	194
June, . . .	100	99	70	136	206
July, . . .	162	128	79	211	290
August, . . .	155	144	65	234	299
September, . .	140	122	78	184	262
October, . . .	153	155	89	219	308
November, . .	144	118	82	170	262
December, . .	137	128	92	173	265

Total, . . . 1496 1362 895 1963 2858

The Society will observe the great disparity in the number of deaths for the years 1849 and 1850.

There are two or three reasons for this. The epidemic cholera prevailed in 1849, and this alone caused the death of 650 individuals. In addition to this, the general fact obtains in this case, that is noted by all close observers, viz. that the year succeeding the prevalence of an epidemic is usually one of remarkably healthy character in any city or locality. This is mainly attributable undoubtedly to the recent removal of a mass of debilitated, diseased, and susceptible material, on which especially an epidemic feeds. I ought also, in this connexion, to say, that although the statistics herewith given are a transcript of the records of the health officer of the last two years, I cannot vouch for their entire correctness. The city authorities, in their misplaced economy and wisdom, have so curtailed and restricted the officer, and divided his duties and responsibilities, that the records are necessarily more or less imperfect. With due deference, I would suggest that the Legislature of the State should by law oblige the municipal authorities of our towns and cities to secure, at any reasonable expense, an accurate and reliable record of the vital statistics of their several localities. The way and means are very simple. Let them employ a competent medical officer, and pay him as they pay

other professional service. The legal profession are paid liberally for causing and continuing a quarrel for mere dollars and cents; but our profession, for services vital, salutary, and of permanent and enduring good to the community and posterity, are begrudged all beyond the reward of ordinary daily physical toil.

Brooklyn has a population of 115,000 souls. The ratio of deaths to population, therefore, is less than 1 in 40. This indicates a healthful and inviting condition of things in our city, and thousands are every year availing themselves of the proffered advantages and immunities.

CHAS. S. J. GOODRICH, M. D.

Semi-Annual Meeting of the New-York State Medical Society.

Resolved, That the next semi-annual meeting be held on the last Tuesday in June, 1852, at the College of Physicians and Surgeons, at 11, A. M.

Officers of New-York State Medical Society. 1852.

Dr. ALONZO CLARK, *President*.

JENKS S. SPRAGUE, *Vice-President*.

THOMAS HUN, *Secretary*.

PETER VAN O'LINDA, *Treasurer*.

CENSORS—SOUTHERN DISTRICT.

Dr. John C. Cheeseman, Dr. C. S. J. Goodrich.
Wm. C. Rockwell,

MIDDLE DISTRICT.

Dr. John McCall, Dr. Benj. E. Bowen,
Augustus Willard.

EASTERN DISTRICT.

Dr. Barent P. Staats, Dr. Thos. C. Brinsmade.
T. Romeyn Beck,

WESTERN DISTRICT.

Dr. Alexander Thompson, Dr. Geo. N. Burwell.
Maltby Strong,

Dr. Stewart presented the following resolution, which was carried :

Whereas, A memorial from the New-York Academy of Medicine, as is understood, is about to be presented to the Legislature of this State, requesting that body to give to hospitals the power of conferring the degree of Doctor of Medicine, therefore,

Resolved, That this Society is *opposed* to such action of the Legislature.

On motion of Dr. Spencer,

Resolved, That the board of censors of this Society, of the several districts, be a committee to visit and attend the examination of the various medical colleges of their several districts, in the examination of the candidates for graduation.

Resolved, That the secretary be requested to send a certified copy of the above resolution to the medical colleges in the State.

Adjourned.

British and Foreign Medico-Chirurgical Review.

Our profession in America are still indebted to Messrs. S. S. & W. Wood, for the serial republication of this standard periodical. The last number is rich in every department, but we have room only for a few items, of which we avail ourselves, and which may serve to bespeak for this truly and valuable quarterly, the increased patronage it deserves. We are pleased to observe that American authors, books, pamphlets, periodicals, &c. and the contributions of our countrymen to the practice, as well as to the literature of the profession, have begun to attract the attention and constrain the homage of our British brethren, as the contents of this number abundantly testifies.

Among the American publications honored with a review in the last issue of this work we find the following, viz.

Massachusetts Report of a general plan for the promotion of public and personal Health, 1850.

Report to the American Medical Association on Public Hygiene, by their committee.

Dr. Fenner's Southern Medical Reports.

Dr. Channing's treatise on Etherization.

American edition of Dr. Simpson on Anæsthesia.

Dr. Flag's work on Ether and Chloroform.

Dr. Wagstaff, (an American in London,) on Topical Medication in diseases of the Throat.

From American periodicals we find the following extracts, viz.

Dr. Neill on the African Cranium.

Dr. Boling on Tartar Emetic in Pneumonia.

Dr. Hays on Amaurosis and Bright's disease.

Dr. Morehead on Delirium Tremens.

Dr. Baskin on Cardiac Polypus.

Dr. Osborne on Malignant diseases.

Prof. Pancoast on Lithotrixy.

Dr. Jackson on Sprains treated by hot water.

Dr. Storer on delay in dividing the Funis.

Dr. Rauch on the Topical use of Chloroform.

Dr. Parish on Ophthalmia Tarsi.

Mr. Hildreth on Chloric Ether.

The fact that many of these medical authors and writers thus receive a modicum of commendation abroad, though scarcely honored with notice at home, should suggest salutary reflections, by which some of our countrymen should profit. Truly "a prophet is not without honor save in his own country," for there is a prevalent mania in America to favor everything foreign, and disparage everything of cis-Atlantic origin, which we trust is beginning to pass away. Surely it is full time, when this British reviewer has the sagacity, maugre all his ancient prejudices, to draw so largely on American sources. Let us take courage, and if we cannot have international copyright, let us at least cultivate international comity and justice, and recognize no aristocracy or national supremacy irrespective of merit.

The following items are gleaned from the pages of this January number of the Review.

On the Treatment of Fracture of the Clavicle without Bandages.—By M. ROBERT.—M. Robert, on presenting to the notice of the Society of Surgery a case of fracture of the clavicle, in which the displacement that had been considerable, left no traces of its existence, commented on the inconveniences attendant upon the employment of the bandages usually employed in this accident. The pad placed in the axilla sometimes induces ill effects, which may continue long after the cure is accomplished: such as painful swelling, with consequent stiffness of the arm and hand, and compression of the nerves, even to paralysis—inconveniences which are nowise compensated for by the advantages of the bandage. M. Robert dispenses with bandages, and makes the patient lie in bed, entirely supported on the sound side. A pillow is, to this end, placed under the back; and the injured shoulder, abandoned to its own weight, falls backward. The cases in which he has tried this plan, without encumbering the patient with bandages, have constantly done well, consolidation taking place in from twenty to twenty-five days.—*L'Union Médicale*, 1851, No. 112.

On the Treatment of Sprain by Hot Water.—By DR. JACKSON.—We had recently (vol. vi. p. 542) occasion to refer to Mr. Baudens' mode of treating sprain by the prolonged use of cold water; and now Dr. Jackson informs us that, as the result of multiplied experience, he can earnestly recommend placing the sprained limb immediately in very hot water. He does not remember having had recourse to it at a later period than two hours after the accident; but he believes it should be employed at any time before the setting-in of inflammation, the tumefaction immediately consequent on the accident being no obstacle. As soon as the pain is completely relieved by the hot water, the patient should be put to bed with the limb raised; and after a few hours, cold is to be applied, whether there is pain or not. Low diet, purging, and in the plethoric, venesection, are required. If inflammation has already set in, free leeching should be resorted to, dispersing it after its activity is allayed by a large blister, caused to rise rapidly, and afterwards dressed by plantain or cabbage-leaves. Although hot applications are so useful prior to the occurrence of inflammation, warm poultices, after this has become developed, are mischievous, augmenting the engorgement. In protracted sprain, salivation may be required.—*Amer. Journ. of Med. Sc.* vol. xxi. p. 345.

[While M. Baudens declares that the application of cold water alone suffices for the cure of the sprain, Dr. Jackson, it would seem, from the above account, only resorts to hot water as a means of procuring some alleviation of pain, as after its application he follows the ordinary means of treatment. We have great confidence in the early and continual application of a strong lotion of muriate of ammonia or Ice water.]

On amputations in Children.—By M. GUERSANT.—The amputations at the *Hôpital des Enfants* are of frequent occurrence, not less than from eighteen to twenty taking place annually; being usually performed for white-swelling or other chronic disease. M. Guersant is, however, no advocate for hasty operations in such cases, as the lymphatic habit upon which the disease of the joint depends may often be ameliorated, and a valuable though an imperfect limb be preserved. Much depends upon the social position of the parents. The working-man has not at his command those resources which may be required for years during an endeavor to preserve the limb of the child; and after the operation the latter may be apprenticed to many trades, even though he has a wooden leg. The child placed in easy circumstances can command prolonged medical attendance, sea air, change of climate, or what ever may be deemed beneficial, and amputation need not be performed until all other means have been exhausted. After a long period, however, all the chronic disease in a scrofulous child suffering from arthritis seems to concentrate itself in the diseased joint; and upon the removal of this, his health may become re-established. Amputation frequently succeeds better in debilitated than in very strong and vigorous children.

Whenever possible, Mr. Guersant prefers the months May, June, and July, for the operation, as unfavorable complications are of more common occurrence in the cold and changeable seasons of winter and spring. The child requires but little preparation; the means which have already been employed for the improvement of its general health, is iodine, bitters, cod-liver oil, &c. all placing it in the best condition for undergoing the operation. If a large eater, the food should be somewhat diminished two or three days before; and any existing diarrhoea must be arrested by anodyne injections and bismuth.

M. Guersant sometimes employs the oval operation, but hardly ever the circular. In most cases he prefers the flap, which renders the co-operation of the assistants easier, occasions little inflammation or suppuration in children, frequently allowing of union by the first intention, and affords a better covering for the bone. Chloroform is employed, and the principle artery of the limb carefully compressed, so as to avoid hæmorrhage. In very hot weather, the edges of the wound are united by some points of suture, and the stump left exposed to the air. When bandages are employed, the stump is dressed daily. On the evening of the operation a little broth is allowed, next day a stronger soup, and the day after that sometimes a little roast fowl.

By observing these rules, M. Guersant finds, as a general rule, that eight or nine cases in ten recover. If erysipelas occur, leeches are applied to the nearest lymphatics; and if these do not suffice, a circular blister is placed around the stump; emetics and purga-

tives, but especially the former, being given. In cases of purulent resorption, he has obtained some benefit from aconite. If the surface of the wound takes on a greyish color, and becomes covered with false membranes, chlorined water or lemon-juice is the best application. When union by the first intention does not take place, the inner lip of the wound should be stimulated, and then strapping applied; and when fistulæ occur, they will usually be found dependent upon small portions of the bone tending to necrosis.—*Gaz. des Hop.* 1851, No. 54.

[A writer in the *Bull. de Thérap.* (tom. xl. p. 81) observes, that M. Guersant did not lose a single case of amputation during 1850, though the thigh, arm, foot, and shoulder, were among the parts removed. The great success of operations on the young has long been known, and is usually attributed to the great vitality of childhood and the absence of mental disquietude. However this may be, M. Guersant's especial success is probably, in a great measure, due to his habit of ordering good, nutritious diet as soon after the operation as possible. Under the influence of this, the children rapidly recover strength and flesh, the wound assumes a healthy aspect, and the colliquative diarrhoea, so common prior to the operation, ceases. Abstinence is ill borne at this tender age, and most of these children have become exhausted by suppuration prior to the operation.]

On delay in dividing the Funis.—By DR. STORER.—Dr. Storer observes that it has been for many years a rule with him to wait until all pulsations have ceased to be felt, before applying a ligature to the funis. Early in his career he met with two cases in which profuse bleeding occurred from the funis after it was divided, which could not have happened had not the blood continued flowing in the cord. As in the vast majority of cases the pulsation ceases in a few minutes, (in one only has he known it to continue for twenty-five,) it seems best to listen to the dictates of nature, as considerable danger of injuring some of the important viscera may arise from too suddenly diverting the circulation upon them. It is not unusual to find the funis pulsating with great force at birth; and is it not more rational to allow this to subside gradually than to check it all at once? May not some of the cases of hæmorrhage from the mouth and nose, which have been published, be due to the pulmonary congestion thus caused? Dr. Channing recently met with a case in which the child, born apparently quite healthy, died while being dressed, from violent hæmorrhage from the mouth, none proceeding from the funis, which had been tied directly after birth.—*Amer. Jour. Med. Sc.* vol. xxii. p. 82.

Wine and Honey in Infantile Marasmus.—Dr. BAUN states, that in the marasmus of infants he has derived truly remarkable benefit from the employment of a mixture consisting of one part wine and two or

three of honey, giving several tea-spoonfuls daily. Not only Madeira but good Burgundy may be so employed, or when diarrhoea is not present, the Rhenish wines. Refreshing sleep, and an increase of animal temperature, are the first effects, and an improved digestion a later one.—*Journ. für Kinderkrank.* xvi, p. 82.

On the Topical Use of Chloroform.—By DR. RAUCH.—To obviate the volatile character of chloroform when employed topically, Dr. Rauch combines it with olive oil and some liquor amoniac, forming an emulsive liniment. This is less expensive, relieves sooner, and is not so volatile as chloroform. The ingredients were first employed in equal parts; but were afterwards used in other proportions, according as to whether a counter-irritant effect (when more ammonia and chloroform must be added) were desired or not. It is applied on a woollen cloth, so folded that the inner layer is saturated by the liniment, and the outer kept dry, so as to prevent evaporation. When first applied, it feels cool, then smart and burns so for ten minutes as hardly to be borne; and an agreeable coolness, with relief of pain, succeeds. When it causes too much irritation or vesication, it should be removed, or applied to another locality. The skin is made red by it, and often vesicated; and if a mere rubefacient is required, it should be applied by friction, or the cloth should remain on only for a short time. When a speedy vesicant effect is required, it is more useful than a sinapism or blister, and is easier of application, especially in children, who often fall asleep during its application. Dr. Rauch found it of great use, combined with other means, in cholera; and in relieving the painful effections of the abdomen in children, it is preferable to any anodyne. In the case of superficial burns, a compound of equal parts of chloroform, olive oil, and lime water, has been found highly useful.—*Amer. Jour. Med. Sci.* vol. xxii. p. 112.

On Medicinal Powders.—By DR. BECKER.—Tinctures undoubtedly form some of the most valuable of our pharmaceutical preparations, holding in solution, as they do, the most active principles of vegetable substances. Still the administration of the alcohol constituting so large a share in their composition is often objectionable; and on these grounds Dr. Becker proposes the substitution of medicated powders. He mixes equal parts of the tinctures of hellebore, euphrasia, cinchona, or whatever the substance may be, with sugar, and then evaporates, so as to drive off the alcohol, designating the residue as *helleborus saccharatus*, *cinchona saccharata* &c., and so on.—*Büchner's Report.* B. vii. p. 365.

[Supposing the unimpaired medicinal properties of the tinctures can be thus fixed in these powders, (which is problematical,) this mode of administration would prove a great boon to physician and patient. Not only is alcohol obviously mischievous in many cases wherein the active principles of which it is the vehicle are indi-

cated; but in others, in which such contradiction is not so apparent, it has often proved a means of inducing a habit of dram-drinking, which prevails, even among respectable females, to a far greater extent than is usually supposed.]

Life Insurance of Medical Men.

We find the following advertisement in the London Journals, announcing an arrangement of Life Insurance for Medical Men, which appears to us of great importance, and we trust that some of the companies in this country will adopt a similar plan:

"*To the Medical Profession.*—The members of the Medical Profession are usually dependent upon their own personal exertions for their subsistence. If health fail, they fall into distress; if they die, their families are unprovided for.

"The uncertainty of their incomes often prevents them from making provision for infirmity, old age, or death, by the usual methods of assurance. To meet this difficulty, The Law Property Assurance Society has made the following arrangements for the benefit of the Profession:—

"1. It grants special policies of assurance, by which the assured, instead of being obliged to pay a fixed sum every year or forfeit their policies, may pay any sum they please, at any time, according to their means, and for which a proportionate sum will be assured to them by their policy. By this means uncertainty of income is provided for, and no forfeiture for non-payment ever takes place.

"2. If the assurer in this office should find that the objects of his insurance after death are no longer required, he may convert his policy into an annuity for his own life.

"3. On payment of a small annual sum during their own lives, husbands may secure annuities for their wives or daughters after their own decease.

"4. On payment of a small sum annually, professional men may secure for themselves an annuity, to commence on the decline of life, or earlier, should they be at any time disabled, by sickness or infirmity, from pursuing their occupations.

"Detailed prospectuses, forms of proposal, and every information, will be immediately furnished on application to William Neilson, Actuary and Secretary, 30 Essex-street, Strand, London."—*Phil. Medical News.*

The Pennsylvania Medical College has been re-organized by the appointment of

Dr. F. G. Smith to the Institute of Medicine,

Dr. J. M. Allen to Anatomy,

Dr. J. J. Reese to Medical Chemistry and Pharmacy, the other departments being filled as heretofore. The high standing and well known ability of the new Professors, cannot fail to advance the prosperity of this school.

Homœopathy.

From a review of Dr. Hooker's late work in the Charleston Journal we make the following extract.

We think it unfair to empty the entire contents of the phials of professional wrath, exclusively-upon the heads of Homœopathies, Eclectics, Thompsonians, and the followers of the nameless "isms" and "pathies" that infest our land. There should be some portion—not by any means inconsiderable—reserved for those who, though claiming to be within the pale of what has been, somewhat facetiously, styled, by an eminent professor, the great "Collegium Medicorum Commune," are not less charlatans and quacks in their *sayings* and *doings*, than the "outsiders," for whom they often profess so great an amount of righteous indignation. It is not alone to Homœopathists and the Eclectics, that the sin of attempting to create professional capital by highly-colored statements, as to the number and character of the cases which they profess to report, belongs. Some of these articles are drawn up with unbroken smoothness of a dreamy romance; but, when the test of rigid analysis is applied, these glittering, so-called, facts are scattered like chaff before the wind. The authors of such statistics are often surrounded by kindred spirits who do not scruple to endorse such "*random recollections*" as veritable facts.

But quackery does not always stop here. We find medical colleges deliberately announcing that "*four years reputable practice*" (?) will be received in lieu of one course of lectures, and entitle the applicant to an examination for his degree, after having attended but one regular course.

The chairs in these Institutions are, in some instances, filled by those who have cried *loud* and *long* in favor of placing the standard of medical education on a more elevated position. Would that we could say that our medical journals were spotless in this regard. Not long since, in looking over one of the daily newspapers, from a neighboring state, our eye fell upon the following communication:

"*Nelson's Northern Lancet*.—Let me suggest that every southern medical man secure this valuable work. The lectures of *Dr. Bedford, of New-York*, and *Dr. Thompson, of London*, contained in each number, are worth more than the subscription price. It being the only journal in America devoted to Medical Jurisprudence, we cannot see how the progressive *lawyer* or *doctor* can dispense with it. The article in the March No. with regard to country practitioners, and the American Medical Association, addresses itself to the serious consideration of every man in the South. The editor is a *bold, talented and independent* man—just the man for the medical press at this juncture. Medical men, subscribe. Price one dollar per annum. Plattsburg, New-York, publication office. MEDICUS."

Upon reference to the March No. of the Journal alluded to in this communication, the mystery is all explained. It would appear that the *one* is a sort of reward for a service performed by the *other*—a regular

"*quid pro quo*"—a game of "you tickle me, and I'll tickle you"—between the editor at the North and "Medicus" at the South. Such employment reminds one very much of the juvenile occupation of fishing for minnows with a pin hook without bait.

From the Charleston Medical Journal

Dr. Happoldt's Letter from Paris.

[We have been favored with the following items of medical news from Paris, by Dr. C. Happoldt, of this city, who is at present prosecuting his studies in that capital.—*Eds.*]

PARIS, MARCH 7, 1852.

An interesting discussion has recently taken place in the Académie de Médecine, relative to a report of Mr. Cazeau, on a paper of M. Lenoir, relative to provoked abortion, (*l'accouchement prématuré artificiel*.)

After examining the question in detail, in a religious, moral and medico-legal point of view, he deduced the following seven conclusions:

1st. It is only by a false interpretation that the human and divine laws relative to abortion have been applied to it, practiced in a medical sense.

2d. Laws punish crime; they cannot then, without injustice, reach an act performed with the purest intentions.

3d. Placed in the cruel alternative of choosing between the life of her infant and her own preservation, the woman has, by the law of nature, the right to decide upon the mutilation of the fœtus.

4th. In such a case, the physician can, and ought to, sacrifice the child for the safety of the mother.

5th. Provoked abortion being much less grave for the mother than embryotomy practiced at the full term, the physician can and should give her the preference.

6th. In *rétrécissements* of the pelvis, in which the smallest diameter is less than 6½ centimetres, hæmorrhages which nothing can arrest, tumors of the hard or soft parts, which are not susceptible of being removed, punctured, incised or extirpated, are the only indications of provoked abortion.

7th. The physician should not act finally without previously taken the advice of several enlightened practitioners.

He concluded by making the following recommendation:

1st. That the Académie convey their thanks to M. Lenoir.

2d. That they transfer his very interesting work to the committee of publication.

M. P. Dubois opposed the recommendations of the report with regard to the Académie expressing their approbation of provoked abortion as an absolute rule. Mr. Cazeau denied having the intention of committing the Académie, which his report, and some expressions in the memoir of Mr. Lenoir, appeared to contradict.

No opinion was expressed as to the impropriety of the proceeding in the particular case cited by M. Lenoir,

though Mr. Dubois objected to the view in which M. Cazeaux placed the child, (being the enemy of the mother, but rather the victim, whose rights society should defend.)

I have alluded to the above subject more for the purpose of directing your attention to it in the journals than to afford information.

M. Piorry read a memoir, some time since, before the Academy of Medicine, in which he advocated the use of common salt as a remedy for Intermittent Fever. M. Grisolle, two weeks after, made a report on said memoir, showing, I think, that M. Piorry's experiments were quite inconclusive, inasmuch as it was very uncertain whether any or all of the cases were Intermittent Fever in which salt was administered, and in others sulphate of quinine was exhibited alternately, and its accustomed effects were lost sight of; and, thirdly, the change of diet and condition necessarily connected with a sojourn in the hospital, were not taken into consideration.

M. Piorry considers, it appears, every case in which there are a few irregular chills, and a spleen more than seven centimetres in length, as Intermittent Fever.

Five months since, the new theory of Syphilisation, or Syphilitic Vaccination, gave rise to some discussion in the Academy. I believe it was concluded that the syphilitic inoculation was not yet proved to be a preventive of the disease. Its advocate, M. Auzias Turenne, has been giving lectures every Sunday on the subject, and has been inoculating patients with the virus, but I do not know with what success. If I thought this subject was new in Charleston, I would inquire into it and send you a full account; but it must be already well known through the journals, and I have no doubt only wasted paper in mentioning it.

An interesting concours for the chair of Hygiene has just terminated. Mr. Bouchardat is the successful candidate. This is the last concours which will take place in the reign of Louis Napoleon. The day before its termination, the Constitutional and the Government Journal announced that the President would shortly issue a decree abolishing the system of Concours in the Medical and Law Schools throughout France.

A passing notice is due to our old friends, P. Schieffelin, Haines & Co. whose extensive stock of genuine Drugs, superior pulverizations of medicines, and especially their pure and reliable extracts, entitle them to the immense patronage they are receiving from the profession every where, who have learned by experience the importance of dealing with a house which has done so much to prevent, detect, and expose the foreign and domestic adulteration of drugs. See their advertisements in this number.

General Kierstead's Breast Ointment since its more extensive use has been secured, has gained upon the confidence of the profession, and is now greatly in demand at home and abroad. So much for giving it publicity.

Palmer's Artificial Leg is still maintaining the jus-

tice of the exclusive preference over every other remedy in cases of mutilation, which the profession at home and abroad have awarded it. The inventor has been crowned with laurels at the World's Fair, and bore the palm at the Crystal Palace. Success to Yankee ingenuity.

Annual Convention of the American Medical Association.

Held at Richmond, Virginia, May 4th, 1852.

Having been unavoidably deprived of the pleasure we had anticipated, of being present at this late assemblage of the profession, by urgent occupation at home, we are unable to present the full report promised of the transactions of that body in the present number. From various sources, however, we learn that the meeting was attended by some 300 delegates, representing twenty-five states.

The following officers were elected for the ensuing year, viz:

PRESIDENT.

BEVERLY R. WELFORD, M. D. of Fredericksburg, Va.

VICE-PRESIDENTS.

JONATHAN KNIGHT, M. D. of Connecticut.

CHARLES A. POPE, M. D. of St. Louis.

THOMAS Y. SIMONS, M. D. of Charleston, S. C.

WILLIAM THOMPSON, M. D. of Delaware.

TREASURER.

D. FRANCIS CONDIE, M. D. of Pennsylvania.

SECRETARIES.

P. CLAIBORNE GOOCH, M. D. of Virginia.

E. L. BEADEL, M. D. of New-York.

The next meeting of the Association was fixed to be at the city of New-York, in May, 1853.

Various circumstances seem to have combined to render the delegation from this city much smaller than had been hoped for; but those who attended, speak of their reception and entertainment at Richmond, as every way gratifying, having found the profession there given to true Virginia hospitality, such as is characteristic of the entire South, where men have hands, with hearts in them, and extend both in welcome to strangers, whom they recognize as worthy of friendship.

It is said that three several plans of re-organization were submitted and discussed, but no action was taken other than to refer the whole subject to the next annual meeting. The general sentiment, as we learn, was adverse to the radical changes proposed in the basis or ratio of representation; and the opinion seemed to prevail, that it were better to leave the Colleges, Hospitals, &c. as heretofore, entitled to send two delegates each. So that the "democratic" project started at Philadelphia met with but little favor.

A strong effort was made to have the next Convention at St. Louis, Missouri, instead of New-York, which it seems was agreed upon, with the expectation of the former place being fixed for the following year.

The detailed account of the proceedings of the Convention will appear in our next, for the important business transacted has, as yet, only reached us by letters, which convey only a few items, and even these in too general terms, to admit of their publication.

Lectures on Operative Surgery.

BY J. M. CARNOCHAN, M.D. P.

SURGEON TO THE STATE EMIGRANTS' HOSPITAL, ETC.

[Reported by H. Hensley, M.D.]

On Lithotomy.

The two cases of calculus in the urinary bladder, which have been recently operated upon at the Hospital, afford an opportunity of making some practical remarks on the important operation of Lithotomy. I am not a partisan of this operation, to the exclusion of other means for relieving patients, suffering from this malady; but, notwithstanding the improvements which have taken place in the operative procedures, which may be required by the pathological conditions of the urinary bladder, Lithotomy, or the extraction of calculus by incision, must always be retained as a necessary, and at times, unavoidable alternative. In the first case, a boy seven years of age, the operation selected was that of Cheselden, as modified by Mr. Liston; in the second, an adult male, the bi-lateral operation of Dupuytren was preferred, owing to the size and density of the calculus. In neither instance, could Lithotomy have been resorted to with propriety. The irritable condition of the boy's bladder, and his constitutional debility, indicated the extraction of the foreign body by incision; while, in the other case, the size and hardness of the calculus, revealed by the sensation imparted to the fingers along the sound, induced me to have recourse to the double section of the prostate, in preference to the more tardy process of crushing the stone by lithotritic instruments. You have, in these cases, witnessed the two modifications of perineal Lithotomy, most approved of, at the present day; the English, as a general rule, preferring the lateral operation, so called; while, on the continent, especially in France, the bi-lateral section, as effected by the *Lithotome caché double* of Dupuytren, is most generally practised. Neither operation, however, is to be regarded as exclusively applicable. There is room for great discrimination. In some cases, where the diameters of the calculus are limited to ten or twelve lines, the section of the prostate, upon one side, will answer every purpose; whereas, when the calculus has diameters much exceeding fourteen lines, the limits of the prostate would be passed, and the bladder encroached upon either by incision, or by laceration of the parts during extraction. This encroachment will be carefully avoided by the judicious surgeon, for reasons derived from experience and the anatomy of the parts involved. The limits of the prostate cannot be exceeded, without injury to the ilio-vesical fascia; a consequence of which, to be apprehended, would be infiltration of urine into the cellular tissue of the pelvis. Some have looked upon the incision of this fascia with indifference; yet the anatomical fact, that it forms a barrier between the perineum and the cavity of the pelvis, has induced most of the prominent operators of modern times to avoid carrying the incision of the neck of the bladder beyond the boundaries of the prostate. Scarpa, Brodie, Velpeau,

Liston, all experienced operators, lay it down, as a precept, that the prostate should not be divided beyond its circumference; and there is no doubt that the rule is a correct and safe one to act upon. The section of the prostate, in the lateral operation, is from the urethra, downwards and outwards. Now, in this direction, the extent of the prostate, from the urethra to its circumference, measures, in the adult, from eleven to twelve lines. The prostatic portion of the urethra will permit of the passage of an instrument about four and a half lines in diameter. Keeping then within the boundaries of the prostate, when the section is confined to one lateral lobe, the perimeter of the incision will not exceed twenty-four lines; to which must be added the circumference of the urethra, making together thirty-seven and a-half lines. This, divided by three, will give twelve lines or thereabouts; so that, without making allowance for the yielding of the parts to pressure, we shall have an aperture, not extending beyond the limits of the prostate, which will allow the passage of a body, the diameter of which shall be about twelve lines. Suppose the diameter of the calculus to be extracted is eighteen or twenty lines. Shall we enlarge the incision by cutting beyond the limits of the circumference of the prostate? Shall we carry the knife beyond the base of the gland, the neck of the bladder, and along a part of its fundus; thus destroying the integrity of the ilio-vesical fascia? Anatomy will say, No. How then are we to effect an opening, the perimeter of which will be large enough to allow of the passage of a body of one and a-half inches in diameter, without carrying the incision beyond the margin of the prostate gland, and without injury to the fascia? If we make an incision upon one side of the prostate, downwards and outwards, we shall obtain an opening, the circumference of which will be twenty-four lines; and by repeating a similar incision upon the opposite side of the gland, we shall have an opening measuring in circumference twenty-four lines more. Twice twenty-four make forty-eight. To this, add the circumference of the prostatic portion of the urethra, thirteen and a-half lines, and we shall have an opening with a perimeter of sixty-one and a-half lines. Divide this by three, and we have a diameter exceeding twenty lines; so that the double section of the prostate, obliquely downwards and outwards, will allow the egress of a calculus of the same diameter; and this, too, without cutting the border of the prostate, or infringing upon the ilio-vesical fascia. With these views, then, which are based upon the anatomical configuration and dimensions of the gland in the adult, I would say, that, when the calculus is supposed or ascertained to be under twelve lines in diameter, the lateral operation may be selected; whereas, if the calculus shall much exceed that measurement, the bi-lateral operation should, as a matter of course, be preferred.

In every capital surgical operation, certain difficulties and complexities may occur. To obviate or to

meet these, the surgeon must be conversant with the structures he is about to encounter; and before operating upon the living, he should train his hand to obey the impulses of the brain, by repeated trials and dissections upon the *cadaver*. The skilful performer on the violin, although endowed with the highest sensibility to musical sounds and relations could not draw forth the harmonies of his instrument, without that previous training of the fingers which renders them the ready servants of the will. The mere carpenter has to pass through an apprenticeship, the object of which is, not only to teach him what can be done with his tools, but also to familiarize him with their use, so that he may become a good mechanic. But the men who have to work upon the most complicated machine in nature, are supposed, judging from the curriculum of study adopted in the schools of this country, to be born with all necessary dexterity, inherent in the ends of their fingers, and to be armed with instinctive capability for tying arteries and amputating limbs. Year after year, crowds of young men are sent forth from the medical schools to practice upon the living, before they have ever placed a tourniquet upon a limb, or used an amputating knife, in the performance of a cadaveric operation. In this, and in many other respects, the medical schools of this country are far, very far, behind the same class of institutions in Europe, especially on the continent of Europe. Until we offer similar advantages to those which can with facility be obtained abroad, we need not be surprised to find the American medical student, anxious for future distinction, seeking, on the banks of the Seine, the information which the halls of science in his own country cannot or will not supply. I would urge you then to practise, during the years of your pupilage, the various operations upon the *cadaver*, so that when you assume the duties of the profession, you may be fitted to operate with dexterity, safety, and precision upon the living.

The difficulties which exist in the operation of Lithotomy, occur from the anatomical relations of the structures, through which the incisions must be made to arrive at the bladder. The chief structures to be avoided, are the important arteries of the perineum on the one hand, and the rectum on the other. There may be troublesome hemorrhage from lesion of the bulb of the urethra, and also from the plexus of veins which sometimes, particularly in the aged, surround the prostate gland. The vessels to be protected, are the pudic artery, and the transverse artery of the perineum, or the artery of the bulb. The superficial artery of the perineum, coursing along the inner margin of the erector penis, is not of much consequence; but this also can be avoided, by directing the incision in a suitable manner. The pudic artery runs along the rami of the ischium and pubes, and is somewhat protected by the falciform process, as you may see by this dried preparation which I pass around for your inspection. The transverse artery of the bulb, taking its

origin from the pudic, crosses almost transversely the triangle of the perineum, to enter the extremity of the bulb; while the bulb itself is situated on the median line, about ten or twelve lines in front of the anus. To avoid these different sources of hemorrhage, when the lateral operation is performed, it will be obvious that the incisions must be directed obliquely backwards and outwards, and that after the first incision, the back of the knife should be turned towards the bulb, and the farther division of the tissues effected by cutting behind that portion of the urethra.

The lower third of the rectum is in close relation in front with the prostate, and descends from this gland obliquely backwards as far as the anus. A triangular space thus results between the anus and the bulb, termed bulbo-rectal, which contains no structure of importance, and it is through this triangle that the incisions are made to reach the bladder in the operation of bi-lateral Lithotomy. Where the prostate rests upon the rectum, the gut is considerably dilated; and even in some instances, it bulges upwards, so as to form an anterior projection on each side of the gland. In all cases, the rectum should be carefully evacuated of its feculent contents; and when the dilatation forward is found to be unusually large, it may be necessary to introduce the fore finger of the left hand, in order to protect the coats of the intestine from the action of the knife.

It is also important to recollect the relation which the bones of the arch of the pubes have to the neck of the bladder. The upper surface of the prostate which surrounds the orifice of the bladder, is about eight lines distant from the symphysis pubis, and the lateral portions of the gland are about the same distance from the rami of the ischium and pubes. When the calculus is large, and the extracting force used is exerted in a wrong direction, the osseous boundaries of the perineal triangle towards the angle formed at the symphysis, might form an impediment to the exit of the stone.

As in other capital operations, the position of the patient, the selection and disposition of the assistants, and the convenient arrangement of the requisite instruments, must be carefully attended to. In Hospital practice, a special bed for Lithotomy is sometimes used; but a solid and firm table, narrow, about three feet high, and four and a-half or five feet long, covered with a mattress, or with a folded blanket, answers every purpose, and in private practice, can be more conveniently procured. The table should be placed on oil cloth, so as to avoid soiling unnecessarily the floor or carpet with the blood and urine; or a basin can be used to this end. The patient is now laid on the table and the perineum shaved; this being done, he is placed in such a way that his trunk and pelvis shall be horizontal, the head and shoulders slightly elevated, and the pelvis on a level with the edge of the table, so that the perineum shall present a full view, and

project a little forward. Two assistants, one on each side, separate the thighs, which are flexed at a right angle on the pelvis, while the legs are flexed upon the thighs, so that the calves touch the posterior surface of each. Since the introduction of ether and chloroform, some surgeons entrust to assistants the care of maintaining in this position the patient, during the different steps of the operation. This mode of proceeding is not judicious. Few patients, under the influence of anaesthetic agents, remain passively motionless long enough for the completion of the operation. Frequently, while their exhibition is intermitted, convulsive and powerful contortions of the body occur. Under such circumstances, it is generally impossible for the assistants to maintain the limbs and the body sufficiently steady to enable the operator to proceed with safety and facility. In order to avoid the occurrence of difficulties of this kind, even if anaesthesia be produced, it is preferable to secure the position of the patient after he is properly placed. The arm on both sides is brought down along the body, and the hand made to grasp the foot of the corresponding side, in such a manner that the fingers shall press against the sole, and the thumb rest upon the instep, the anterior aspect of the wrist touching the outer aspect of the ankle. The wrist is first encircled by a loop of a band or long narrow roller, and this is expended by forming a figure of eight around the hand and foot below, and the wrist and ankle above. Both feet should be expeditiously fastened at the same time, and in such a manner as not to cause pain or injury to the skin.

The number of assistants required during the operation of Lithotomy will be, at least, five or six. The two assistants, employed in keeping the thighs separate, support both them and the legs, and keep the pelvis from shifting during any involuntary action of the patient. One assistant is placed behind the head of the patient, to control the upper part of the trunk and prevent him from rising. A fourth stands on the right of the surgeon to be in readiness at his command to hand the instruments, or whatever may be needed. The most intelligent, and one, if possible, who understands the *modus faciendi* of the operator, is selected to take charge of the staff; while to a sixth assistant is entrusted the administration of chloroform or ether. I would impress on your minds the necessity of caution in the use of anaesthetic agents. I am aware that copious statistics have been brought forward to support the innocuous action of chloroform and ether; but on the other hand, it is not uncommon to see reports of fatal cases in the medical journals of the day; and some occur no doubt which are not reported. It is only a short time since, some of you witnessed the effects of chloroform on a patient operated on in this theatre. Its exhibition had well nigh proved fatal. The case was that of a woman from whom I extirpated the globe of the eye. But a small quantity of the chloroform was inhaled, for the operation was soon over; the woman became cold and livid, respiration

was imperceptible, and the pulse could not be felt for more than a minute. Some of my colleagues and of the bystanders supposed she was dead. Water was thrown upon the face; she was placed in a horizontal position; ammonia was held to the nostrils for some time without any effect; at last the pulse beat feebly and at long intervals, and much to my satisfaction, I saw symptoms of returning respiration.

I believe that chloroform kills by its action upon the organic nerves. It would appear that the cerebro-spinal system is brought under its influence; the brain being affected the first, and next in order, the spinal system of nerves. Now, as long as the influence of this agent is confined to the cerebro-spinal portion of the nervous system, its action is innocuous to life; but if its action extends further, and paralyzes the class of nerves which preside over the functions of the vital organs, if this paralysis does not speedily cease, death must be the inevitable consequence. Be guarded then in the administration of chloroform, and suspend its exhibition as soon as its action upon the brain is manifested by general insensibility, renewing it at intervals, when signs of sensibility again become apparent.

These general remarks in relation to the preliminary preparations, are equally applicable to whatever operative procedure may be selected in the performance of perineal Lithotomy. There are several methods of reaching the bladder by incisions through the tissues of the perineum. Thus we have the median Lithotomy, implying section of the superficial structures, and of the urethra and neck of the bladder on the median line. Then there is the recto-vesical operation, projected by Sanson, and modified by Vacca, in which the bladder is entered by cutting on the median line, through the lower portion of the rectum, to the extent of three quarters of an inch, or an inch, above the margin of the anus. There is also the lateral operation, in which the incisions are made through the left lateral triangle of the perineum, and the left lobe of the prostate; and the bi-lateral Lithotomy, implicating the tissues between the bulb and the anterior margin of the anus, and both of the lateral lobes of the prostate gland. I shall confine myself to the description of the two last methods of extracting calculus from the bladder; as the median Lithotomy and the recto-vesical, are but rarely or never resorted to at the present time. And first of the *bi-lateral* operation, as you have recently witnessed its performance on the adult.

[To be continued.]

New Publications.

PRINCIPLES OF SURGERY. By James Miller, Professor of Surgery in the University of Edinburgh, &c. Revised, with additions, from the last edition of the author, by F. W. Sargent, M. D. Philadelphia, Blanchard & Lea, 1852.

This is the third American reprint of a work every where held in high repute, and having been revised and enlarged, by the latest additions of both author and editor, and illustrated by a multitude of new engravings, is more worthy than ever of the

patronage, of the profession, and of students especially, who are in sad need of learning the Principles of Surgery, before they have the temerity to practise it.

Rev. Dr. OLIN's Works. Harper & Brothers, New-York, 1852.

Those who knew the late President of the Wesleyan University, will rejoice to learn that the fruits of his mighty intellect and benevolent heart, as developed in the burning eloquence which fell from his lips and pen, during the many years of his devotion to the work of education and religion, may now be read and preserved from oblivion, in the two volumes of his works which have just issued from the press. Stephen Olin, D. D. was one of nature's noblemen, gigantic in stature, but loftier still in all the attributes of mental and moral greatness, with which he was endowed to an extent second to no man of this age. The catholicity of his religion, elevated him far above the incubus of sectarianism, which never vitiated the spirit of his Christianity, nor ever enthroned itself upon his noble soul. "Though he be dead, he yet speaketh."

New-York Medical Gazette Advertiser.

The following testimonial is inserted in compliance with the request of the Committee, composed of students of Medicine, in the University of New-York, and the New-York Medical College.

DR. ELLIOTT'S LECTURES.

The undersigned, a Committee of the Class who have been favored with the opportunity of listening to the Course of Lectures on the Theory and Practice of Ophthalmic Medicine and Surgery, recently delivered by S. M. Elliott, M. D. in this city, desire to express our high sense of the value of his instructions in this department, and our obligations for the advantages we have derived from his microscopical and other demonstrations on the minute anatomical structure of the eye and its appendages, and his luminous illustrations of the functions of this organ in health and disease, including the operative and therapeutical management of the numerous maladies which impair and endanger vision. We cannot forbear to add that in our opinion Dr. Elliott possesses peculiar advantages as a public teacher—his extensive experience in this department enables him to render his instructions eminently practical, by dissections, cases, and the preparation of the various articles employed in the treatment of this class of diseases. We take pleasure in recommending our fellow students to profit by the opportunities which every repetition of these lectures will afford.

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This new article, forms the most portable, convenient and useful diet, ever offered to the public. The "Council Medal" was awarded to the inventor at the Great Exhibition in London; thus showing the appreciation there had of its merits, after a most thorough examination by the distinguished Jury, and the analysis by Dr. Lyon Playfair, F. R. S. to whose report, reference may be made.

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TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the *materia medica*. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

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PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Inspissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity* and *efficacy* not equalled by any offered in this or any other market.

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are prepared by steam process, and in a *VACUUM*, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority.

Among them are—

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" Buchu,	" Lupuline,
" Bloodroot,	" Nux Vomica,
" Conium,	" Pinkroot,
" " Seeds,	" Quassia,
" " German,	" Rhubarb,
" Chamomile,	" Sarsaparilla, Simplex,
" Colocynthis, Ordinary,	" " Compound,
" " Opt.	" Para " Alcoholic,
" Dandelion, Alcoholic,	" Hon. " "
" " Inspissated,	" Stramonium.
" Digitalis,	" " Seeds,
" Gentian, Opt.	" English Valerian,
" " Ordinary,	" Dutch " "
" Hyosciamus,	

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

To ensure to our extracts, such as

HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active therapeutical effects which they should possess, we take pains to procure the herbs from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their superior efficacy in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the loss of life consequent upon the use of inert remedies.

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" " Liquor Fort.	Oil Cubebs,
Ammoniated Alcohol,	Collodion, 1 oz. vials,
" " Aromatic,	Prussic Acid,
Argent Nitras,	Potassa Nitras, Pure,
" " Crystals,	Spirite Nitri Dulc,
Ferri Carb. Precipitated,	Syrup Iodide Iron,
" " " Pure	Sulphuret Potass,
" Sulphas, Pure,	Vallet's Ferruginous Mass,
" " Exsiccet,	Zinci Acetas,
Iodide, Arsenic,	Zinci Sulphas,
" Lead,	Zinci Chloride,
" " Crystals,	Chloride Soda, de Labarraque,
" Iron,	Confection Roses,
" " Pure,	Confection Senna,
Mercury, Bin Iodide,	Blue Pill Mass,
" " Crystals,	Ung Mercurial.
" " Protiodide,	
Morphine, Sulphate,	

Many of these chemicals differ in appearance from the chemicals of commerce, as well as in their valuable properties, and

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY,

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynth, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from the article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Calomel will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. The life of the patient, as well as the success and reputation of the physician and apothecary, depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

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"Alum.	"Ipecac, without the woody
"Allspice,	"centra,
"Aloe, Cape,	"Ipecac and Opium, (Dover's
"Socot,	"Powders.)
"Assafœtida,	"Jalap,
"Antimony, Ref. Blk Sulph.	"Kino, True,
"Angostura Bark,	"Lobelia,
"Aniseeds,	"Seeds,
"Bayberry Bark,	"Mandrake,
"Belladonna,	"Rosemary,
"Blood Root,	"Mace,
"Bitter Root,	"Mezcreon,
"Black Root,	"Nux Vomica,
"Borax,	"Nitrate Potass, Pure,
"Buchu,	"Nutmegs,
"Caraway Seeds,	"Nutsells,
"Cantharides,	"Opium, Turkey,
"Candella Alba,	"Orange Peel,
"Cardamon, (Seeds only),	"orris Root,
"Cicuta,	"Pepper, Cayenne, Amer.
"Cranebill,	"Black,
"Cloves,	"Peruvian Bark, Loxa,
"Cinnamon, ordinary,	"Red,
"Ceylon,	"Cassays,
"Cohob, Black,	"Prickly Ash Bark,
"Colombo,	"Pink Root,
"Colocynth Root,	"Pleurisy Root,
"Seed,	"Rhubarb, Turkey,
"Colocynth Pulp,	"East India,
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"Gamboge,	"Sulphate Copper,
"Mastic,	"Iron,
"Myrrh,	"Potass,
"Tragacanth,	"Uva Ursi,
"Hellebore, white,	"Valerian, English,
	"&c. &c.

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The great and increasing demand for Cod Liver Oil, and the difficulty of procuring the oil in its pure state, and such as we can guarantee to our customers, has induced us to send an agent to the fisheries, for the purpose of having the best article that can be offered in market. This article will also bear our label when put up in bottles, and be warranted pure when ordered in bulk.

The value of this oil, as a remedial agent in scrofulous affections and pulmonary diseases, is no longer a question—the daily experience of medical men, in its administration, only adds to its reputation. In this, as in all articles upon which we place the guarantee of our name, we wish to be understood as offering to the purchaser and consumer of medicine, the best of its kind that the market can afford.

TO DRUGGISTS—In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements, and facilities are such that we can offer inducements to dealers, which must influence all who not only like to have a fair equivalent for their money, but at the same time to have goods that are what they report to be, and such as will bear the strictest examination and analysis.

PHILIP SCHIEFFELIN, HAINES & CO.

DRUGGISTS AND MANUFACTURING CHEMISTS, NEW-YORK.

THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

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Vol. III.

JUNE 15, 1852.

Nos. 12 & 13.

CONTENTS.

To the Profession, ...	155	Professor Draper, ...	160	Thompsonianism Legalized, ...	169
Vital Statistics—Spiritual Rapping, ...	156	Koesuth and his Physician, ...	160	New Publications, ...	169
Lunatic Asylum on Blackwell's Island, ...	157	Communications—Dr. Stewart, ...	161	Extracts from the Proceedings of the Fifth	
Stone in the Bladder—Poisoning, ...	157	Dental Colleges and Professional Men, ...	161	Meeting of the American Medical Association, ...	170
New American Work, ...	157	Dr. Dewees's Opium Case, ...	164	The Scalpel and the Obstetrical Munchausen, ...	173
Palmer's Artificial Legs, ...	157	Children's Hospitals—Drooping Buds, ...	166	New-York Academy of Medicine, ...	174
Coroner's Inquest, ...	157	Brooklyn City Hospital, ...	167	Lectures on Operative Surgery, by Dr. Carnochan—On Lithotomy, ...	174
College of Physicians and Surgeons, ...	157	New-York College of Pharmacy, ...	167	The Medical Times for June, ...	177
Pennsylvania State Medical Society, ...	158	Arthur's Home Gazette, ...	167	Specimen of Advertising Doctors fresh from the University of the City of New-York, ...	178
State Medical Society, ...	158	Dr. Solyman Brown, ...	167	Distinction between Contagion and Infection—Quarantine, ...	178
Annual Meeting of the Association of Medical Superintendents of Institutions for the Insane, ...	159	Hydatids of the Liver, ...	167		
New-York Medical College, ...	159	Dental Colleges and Journals, ...	167		
Castleton Medical College, ...	159	Ophthalmic Hospital, ...	167		
Memoir of Robert Troup Paine, ...	160	Castleton Medical College, ...	167		
		Remarks on the Amputation of the Lower Jaw, ...	168		

COLLEGE OF PHYSICIANS AND SURGEONS OF THE University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of December, 1852, and continued until March 10th, 1853, (commencement day.)

ALEXANDER H. STEVENS, M. D., L. L. D. President of the College, and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., L. L. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

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ELISHA BARTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers, (Professor Smith being one of them) for \$8 per annum; at the Bellevue Hospital twice a week, without fee, (Professors Parker and Clark belonging to the Medical Staff) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and without interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

The Course will be free. R. WATTS, M. D. Secretary to the Faculty.

College of Physicians and Surgeons, }
67 Crosby-street, near York.

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PEASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

D. S. CONANT, M. D. Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday 22nd of September, which will be independent of the regular Course, and will be free to all Medical Students.

The Dissecting Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New-York Medical College,
East Thirtieth-st. near Broadway. }

KIERSTED'S BREAST OINTMENT.

The attention of Physicians, Pharmacutists, and venders of Medicine, throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM CUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,

SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,
&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting A PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppurations has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and (superseding the use of Poullices, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

PREPARED ONLY BY

H. T. KIERSTED,

AND SOLD WHOLESALE AND RETAIL AT HIS

Drug, Chemical, and Family Medicine Store, No. 532 Broadway,
(cor. of Spring-street, New-York.)

COLLAPSE HOUSE.

*. It is also for sale at several of the principal Drug Stores in the city of New-York; and at present by the following Druggists, viz:

JAMES W. SMITH, cor. Court-st. and Montague Place.
RADCLIFF, BROTHERS, 169 Atlantic, cor. Clinton-st. Brooklyn.
ROSWELL VAN BUSKICK, cor. Market and Broad-st. Newark, N. J.
R. D. COVERT, Morristown, N. J.
C. S. CLAY, Kingston, Ulster County, N. Y.
H. G. FOWLER, Auburn, N. Y.
WILLIAM B. HAIGHT, Stamford, Ct. and
S. SAWYER, 124 Lake-st. Chicago, Ill.

CHLOROFORM. PURE.

Much of the Chloroform of Commerce being very impure, and its use having in some cases been attended with unpleasant consequences, we have been repeatedly urged to make some, at our Laboratory, of a quality superior to that generally for sale in this market. We would therefore inform the Medical Profession that we have prepared an article, the purity of which can be implicitly relied on.

NITRATE OF SILVER

Can also be obtained of us, PERFECTLY PURE, either in sticks or crystals, manufactured at our Laboratory.

MORPHINE.

Our Morphine having acquired a reputation superior to any other, those who have occasion to use the article, will be satisfied of its excellence by giving it a trial.

WE ALSO PREPARE THE

SYRUP OF IODIDE OF IRON,

Now so highly esteemed as a remedy in Scrofulous complaints. These articles (which it is of the greatest consequence to physicians to have of reliable quality) are, with our other preparations, offered to the notice of those desiring

PURE DRUGS AND CHEMICALS,

AND

SUPERIOR EXTRACTS,

OF

PHILIP SCHIEFFELIN, HAINES, & Co.

Druggists and Manufacturing Chemists,

107 Water-street, New-York.

CASTOR OIL,

WITHOUT SMELL OR TASTE.

Messrs. J. MILHAU & Co. have the satisfaction of announcing to the Medical Profession and the public generally, that they have perfected arrangements with the manufacturer of the above valuable remedy, who has succeeded, by an improved process and great care, in obtaining a perfectly limpid and most beautiful oil, almost entirely free from the repugnant taste and smell which usually forms so great an obstacle to its administration. This oil is not bleached or submitted to any subsequent treatment for the accomplishment of so desirable a result, but by the improvements and care employed, is brought immediately from the beans in its highest state of perfection. Hitherto the English Castor Oil has obtained a degree of preference in our markets over the American oil, from its superior whiteness and limpidity, although these qualities are known to have been the result of exposure to the rays of the sun, and a tedious process of filtering, during which it acquired a degree of rancidity which made it even more unpleasant to the taste than the ordinary oil of this country. In the article now offered this objection is done away with, and to perfect purity of appearance, it adds the absence of all unpleasant odor or taste.

We invite the examination of the Facult to the above, as well as to several of the new and valuable remedies recently announced, of which we have secured a supply, viz.—The Kousso, for the expulsion of the Tape Worm; Hydroferro Cynamate of Potash and Urea; the new 'Fébrifuge; Drugges of Lactate of Iron, &c. &c.

For Sale by J. MILHAU & Co. Chemists and Druggists, 123 Broadway, where may be constantly found a full assortment of all the articles pertaining to their line of business.

Congress Water, Soda Water, Kentucky Blue Lick Water, Seltzer and other foreign Mineral Waters.

SMITH'S OPERATIVE SURGERY

PART 3RD.

Lippincott, Grambo & Co.

NO. 14 NORTH FOURTH-STREET, PHILADELPHIA,

Have just published a "System of Operative Surgery, based upon the practice of Surgeons in the United States," by Henry H. Smith, M.D., assistant lecturer on Demonstrative Surgery in the University of Pennsylvania. Illustrated with highly finished steel engravings.

PARTS 1, 2, 3 now ready.

"The beauty and extent of the Illustrations would amply suffice to command attention, and place this book in the front rank of standard publications. But its character as an essentially American work, built, as its title pages imports, upon a strictly national foundation must secure for it a general welcome. The Bibliographical index is a treasure in itself, and a monument of the compilers industry which must win for him the esteem of every medical inquirer."—*Medical Examiner*, Jan. 1852.

"It is a book alike creditable to the author and the country."—*Boston Medical and Surgical Journal*, Dec. 1851.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 12 & 13.

JUNE 15, 1852.

\$1 PER ANNUM.

Professional Advertisements will be inserted at the following rates, viz:

Single insertion, for a column, \$5.

“ “ 12 lines or less, \$1.

Annual advertisers, for a column, \$10 per quarter.

“ “ 12 lines or less, \$5. “ “

Smaller advertisements in proportion.

Medical Colleges, Lectures, &c. will be charged at the annual rates, in proportion to the number of insertions, whether more or less than a quarter.

SUBSCRIPTION.—The price of this journal is \$1 per annum, which must be *paid in advance*. Double numbers, 12½ cents. Extra copies, \$10 per hundred.

TO OUR SUBSCRIBERS.

This being a Double number, our next issue will be on the 15th of July.

Third Year.

The present double number completes the second year of this publication; and our next issue July 15th, will be the commencement of the *third year*, and for this many of our subscribers have paid in advance, for which promptitude they have our thanks. If all who mean to sustain the Gazette will do likewise, by enclosing *one dollar* through the Post Office to the editor, without delay, we shall esteem it a favor.

The present *volume* will be completed by monthly numbers equivalent in size to the present, and will close in December, when a new volume will commence and the paper be enlarged without much increase of price. But *payment in advance*, is indispensable, to sustain the publication at so low a rate.

New subscribers can still be supplied with the back numbers, from the beginning. Two volumes bound and lettered, may be had by enclosing *three dollars*.

Agents are allowed 25 per cent. on all subscriptions, which they may retain when remitting the money by mail; and at our risk, if *post paid*.

To Correspondents.

Dr. S. writes us that a neighboring physician has several times taken charge of *his* patients, knowing them to be such, and refuses explanation or apology. We must decline the insertion of such complaints, as they are of every day occurrence. The remedy lies in the Committee on Ethics, if the party offending is a member of the Academy. If an “outsider,” it is only

in the *lex talionis*. Such a man excludes himself from all courtesy, and *his* patients, if he have any worth taking, should be considered common property, and the reason avowed should be the law of justice, “Whoso diggeth a pit for his neighbor, shall fall therein.” Those who practise our art from no higher motive than a mercenary one, have mistaken their calling. Alas! “their name is legion, for they are many.”

“Self Respect,” need feel no apprehensions as to anonymous innuendoes, or threats, deterring us from our duty to the profession or shielding the parties from just criticism. The *Gazette* and its editor are beyond the reach of Dr. Bedford, or his Plattsburg organ, and kindred tools, wherever the parties are known. The profession correctly estimate both “master and man.” See Report from the Richmond convention.

Dr. H. A. R. will excuse us, but we cannot afford room for any thing more on the subject of his protracted controversy.

RECEIPTS for 3rd Vol. not otherwise acknowledged—Drs. Masters Watson, Hubbard, Burwell, Hoyt, Bishop, Sabin, Cash, Proudfoot, Davis, Ranny, Huntington, Hentze, L. A. Smith, Hoffman, Theband, Mathewson 2, Rogers, Linsley 2, Sayre 2, Bowman, Debard, J. N. Smith.

To the Profession.

Our readers need not be reminded that this Journal “has set its face as a flint” against every phase of quackery, whether in or out of the profession; and especially against existing abuses in medical schools at home and abroad, by which our profession has been too long disgraced. They will bear witness with how much truthfulness, fidelity, and fearlessness, the dignity, honor, and usefulness of the craft have been sustained and vindicated, irrespective of the interests of any clique, party, or school. And they know with what forbearance towards persons our strictures have been made, even when individuals had justly merited rebuke.

In undertaking this task, it was necessary that the Journal and its editor should be in a position to defy and despise, as we can afford to do, whatever assaults might be made upon either, by the parties, who “by this craft” of quackery “have their gains.” Hence we counted among the cost of our course, the combined malice of the whole tribe of quacks, mountebanks, and charlatans, whose “fellow feeling makes them wondrous kind,” and this whether they be found

in the chairs of the University; or retailing Mesmerism and spiritual knocking at a shilling a dose, as itinerant lecturers; or in the kindred avocations of nostrum vending, all of them alike, living by public imposture.

In the performance of our duty, we found in our midst a Medical College, sheltered beneath the wing of a University, whose faculty, forgetting the dignity due to the craft, in their overweening anxiety to make a fictitious show of numerical superiority over their rivals; have descended to means so low and degrading, that the whole profession have felt it to be humiliation any longer to tolerate such disreputable proceedings. The school has been puffed *ad nauseam* in the precise ways, and by the identical instrumentalities to which the *Sarsaparilla* gentry, and vendors of *Brandreth's pills* resort; by cards, handbills, and disgusting advertisements, until the cry of "Shame on such quackery!" has been heard all over the land. And apprehension has been expressed in the New-York Academy of Medicine, by one of its most prominent members, that "an army of hirelings will soon be seen marching in procession down Broadway, dressed in fantasticals, and bearing banners, show bills, and the like, in the style of Barnum's menagerie; designed to attract students and patients to the College clinics," and even this need not surprise, as it would not more deeply degrade the profession.

Among the Faculty there are gentlemen who loathe these proceedings, and yet lack the courage or the power to arrest them, while any one of their number unscrupulously persists in perpetuating them. Having himself no sympathy in common with the profession of the city or country, who have long since consigned him to Coventry, he involves the school in the responsibility of his reckless temerity, by outraging all the proprieties of the fraternity for his own laudation, under cover of aggrandizing the school. But every body here remembers the punishment for a brutal assault upon the late estimable Professor Beck, in Broadway,—the plagiaristic lecture from Southwood Smith and Lawrence,—the ambition to figure as a jockey, in a horse race at Saratoga—and the late self-glorification for an operation, which is now proved to have been performed by Dr. Valentine Mott, &c. &c. But every body does not know, that he has a hireling press at Plattsburg, devoted to puffing him and his school, 300 miles off, by the publication of bald fictions known here to be such, under the title of "reports," and for which other Medical Journals have given him merited rebuke. This paper of Northern New-York has been puffed in the newspapers in Georgia and other parts of the South, until the Medical journals there have exposed the cheat, and plainly indicated its source and motives, in terms of ridicule and contempt. All this and much more is notorious, and yet, at this very hour, an obstetrical clinique is weekly conducted, as announced in his "organ," where exposures are made of female patients, whose "poverty and not their will consents,"

tempted as they are by advertisements offering advice gratis, but which do not announce the wanton and unnecessary indignities to which they are subjected, by exposure to a promiscuous crowd of young men, in despite of the expressed voice of our whole profession condemning all such scandalous pandering to the prurience of youth, as needless, and, what is worse, demoralizing to the last degree.

This Journal has been called to the work of re-proving and correcting these and other mischiefs which prevent New-York from successfully prosecuting the work of Medical Education, in which, from her position and resources, she might otherwise take the lead, instead of being so far behind some other cities, as she confessedly is. These quackeries in our prominent school have created prejudices against all the schools in New-York, by which our other schools suffer; and to reform them is the sole object of our efforts.

Having thus defined our own position, and exposed to view the source and animus of the abuse recently heaped upon us, by the chief conspirator and his pliant tools at Plattsburg and elsewhere, we now repeat that we can afford to despise such impotent malice, and defy any and every assault of slander and detraction; else we had lived in vain. Our character and motives are well understood, by our brethren of the profession every where; and as to the conspirators against us, they resemble their *kindred* to whom it is only necessary to "give them rope enough, and they will presently hang themselves." Nous verrons. We bide our time.

Vital Statistics.

Dr. George R. Grant's address before the Medical Society of Memphis, Tennessee, has been published. It presents enlightened and practical views, on the Vital Statistics and Sanitary condition of that city, and merits high commendation.

Spiritual Rapping.

This vilest of all the recent impostures, except Mental Alchemy, seems to be reviving here and elsewhere. We see reports of numerous victims of insanity from this source being received into the lunatic asylums. We would bespeak a place in some of these excellent institutions for several of our citizens, representing respectively the *bench*, the *bar*, the *pulpit*, and the tribe of *Homoopathic doctors*, several of whom including their chief, have caught the contagion and are in nightly conclave amid circles of spirits, "black spirits and GRAY." We have several communications ourselves, "not from the spirits," for we have not yet taken leave of our wits; but upon the subject of the tricks by which our neighbors are duped out of both their wits and their money; while others are making money by the operation. We hope our friend, Dr. Benedict, of the Ulica Asylum for Lunatics, will have room for all parties, not the knaves, but their dupes. The former should be safely housed in the state prison, and would be, but for the imperfection in our laws.

Lunatic Asylum on Blackwell's Island.

The annual report of Dr. M. H. Ranney, Resident Physician, exhibits an improved condition of the Institution, by the following statistics, viz :

Number of patients, January 1, 1851, . . . 464
Admitted during the year, . . . 441

Whole number, . . . 905

Of whom these were

Discharged, . . . 308

Died, . . . 80 . . . 388

Remaining, December 31st, 1851, . . . 517

Dr. B. Ogden is now the sole consulting Physician.
The expenses for the year were \$28,098.06.

Stone in the Bladder.

This disease which has been so rare in this latitude is in danger of becoming epidemic, as would seem from a report of Professor Van Buren in the last Medical Times. "Two cases of lithotripsy are reported. The one originated in the fragment of a broken catheter, and the other was a case of stricture, which we are told was the "cause of the stone!" This will be sad news for the patients suffering under stricture, and if they should all have a calculus detected while treated by dilatation, lithotripsy and lithotomy will be common operations. Dr. Carnochan's lectures are timely.

Poisoning.

Two children under our observation, have lately been poisoned by eating banana fruit drops; supposed to contain fusel oil, the ethereal preparations of which are employed by confectioners. The symptoms were those of cholera morbus, but the cause in both cases was obvious, though only a few of the drops had been eaten.

New American Work.

Professor Horace Green, of the New-York Medical College, has just published a new work on the Surgical treatment of Polypi of the Larynx, and Ædema of the glottis. It is published by G. P. Putnam, in his usual style of elegant typography, and illustrated by a number of superior plates.

There can be little doubt that these formidable and fatal varieties of throat disease, are much more frequent than is generally supposed, and, until recently, for lack of accurately discriminating them, they have been unsuccessfully treated. Professor Green has performed a timely and acceptable service to the profession by the preparation of this monograph, which condenses all that is known upon these subjects historically; and much that will be practically useful, derived from his own observation and experience. We commend the book to the favor of medical men everywhere who cannot peruse it without profit.

Palmer's Artificial Legs.

The following testimonial of the perfection to which this admirable mechanism, can be adapted to its purposes. It is addressed to the proprietors at Springfield, Mass. See advertisement on another page.

CASE EXTRAORDINARY—BOTH LEGS AMPUTATED!—ONE AT THE THIGH.

Requiring the use of one Artificial Knee joint—*adjusted*
April 22, 1852.

West Medford, Mass., May 10, 1852.

Messrs. HUDSON & CURRIER:—Dear Sirs—I now seat myself to inform you how I get along with my Artificial Legs. I find that I improve daily, I walked a quarter of a mile this morning before breakfast; and after I went to the Depot, and sold tickets till 10 o'clock. I walk with perfect ease; and about the house and some out doors, use only one cane. The Hospital Surgeons say there is no room for improvement; and every body considers it a wonderful operation and without a precedent.

J. S. SANFORD.

Coroner's Inquest.

We have received a communication, animadverting upon a late verdict, that a patient of Drs. Pope and Woodcock had died of *narcotism*, which was rendered without a post-mortem, the Coroner and Jury deciding on the testimony of the two doctors who expressed this opinion, although less than five grains of opium had been taken. Our correspondent avers that the woman died in consequence of a retained placenta, which came away shortly before death. The criticism may be just as to mal-treatment, as it certainly is as to the impropriety of any verdict being given without an autopsy. The reason assigned for this omission is, that the body was so putrid, that none of the medical men would consent to make a post-mortem. This was certainly a case of very rapid decomposition at this season, but the jury could not go behind the evidence. But we cannot find room for the article in this number.

College of Physicians and Surgeons.

By the announcement on another page it will be seen that the next course of lectures at this venerable school, will commence on the 11th of October, and be continued for the full term of five months. A free preliminary course will begin on the 27th of September, not interfering however with the regular course, attendance upon the latter being obligatory. There are eight full professors here, who do not lecture by proxy, having no sub-professors; and disdaining the trickery of a recruiting office for students, during the summer to enlist them for the winter, by a bounty of \$30, exacted in advance. Advertising doctors, obstetrical clinics, *a la Bedford*, &c. will find no countenance with the Faculty of this school. We refer to the announcement, which will speak for itself.

Pennsylvania State Medical Society.

The last Medical Examiner reports the proceedings of this body.

- The following resolutions from the Montgomery Society, were after discussion, adopted.

Dr. WIMLEY, in accordance with instructions from the Montgomery County Medical Society, offered the following preamble and resolutions.

Whereas, At the last meeting of the American Medical Association, the subject of amending the Constitution, so as to change the present mode of representation, was presented by a committee and will be acted on at the next meeting of the Association, therefore,

Resolved, That the State Medical Society of Pennsylvania favors the principle of representation by delegates from County, District and State Medical Societies, as that most accordant with the genius of our institutions, and most likely to promote the permanency and success of the National Association.

Resolved, That restricting representation to County, District, or State Societies, and conferring upon the members of these bodies the right of membership in the National Association, will, in the opinion of this Society, offer a powerful inducement for Physicians throughout the United States to organize in their respective districts, and thus become constituent branches of the Association, and entitled to all the rights and privileges which such membership can confer.

Resolved, That the delegates from this Society be requested to lay these resolutions before the National Association, signed by the officers of the State Society, and that they use their exertions to have the principle of representation herein approved, adopted by that body.

To show the views of the prominent members, we insert a brief extract from the debate.

Dr. HAYS moved to amend the first resolution, by inserting, after the words "County, District, and State Medical Societies,"—"and a restricted representation from Medical Colleges, subject to certain conditions."

Dr. HAYS believed that the introduction of these resolutions was an attempt to manufacture public opinion on the subject, and to prejudice the question in advance of the action of the National Medical Association. Under existing circumstances, he admitted that it was inexpedient to continue, unchanged, the present plan of representation in the Association. It was certainly unequal. But, in endeavoring to remedy this inequality, we should not go too far, lest, in the end, we overreached ourselves. If we exclude the Colleges entirely from representation in the Association, they become our masters. Allow them a restricted representation—he was not for extending it beyond a single representative—and we control them. By thrusting all the schools out of the Association, the good and the bad together, we shall be really giving countenance to those whose course is disgracing the profession. Say that those only who come up to the conditions laid down by the Association, and who comply in good faith with its requisitions, shall have a place, and you will encourage the well disposed schools to persevere in their efforts at improvement and reform, and ultimately break down those who pursue a contrary course. He said that the Committee of the National Medical Association, to whom this subject had been referred, proposed to allow one representative in the Association to all Colleges which had six professors, which gave an annual course of at least sixteen weeks, and which exacted from candidates for graduation, that they should be twenty-one years of age, have studied for three years, two of which must have been with some respectable practitioner, and should have attended two full courses of lectures. He was strongly of opinion, that if we desired to see the schools come up to this standard, we should not shut them out of our ranks. If we continued to receive representatives from them, he believed that we should ultimately destroy all who refused to comply with our demands.

Dr. H. S. PATTERSON thought that the thanks of the Society were due to Dr. Hays, for presenting the question in a

nut-shell. The question was now clearly, whether the members of the medical schools were to sit in the National Association as *individuals* or as *professors*. As regards the feeling of the schools on this point, he was pretty certain that they did not ask the privilege as a body, and that very many faculties were not at all strenuous about retaining it. Be this as it may, however, we have the question now directly brought to an issue, by the Montgomery County resolutions on the one side, and Dr. Hays' amendment on the other. Dr. Hays' argument, that we should keep the schools in the Association to have them under control, Dr. Patterson said, appeared to him like the idea of "marrying a man to get rid of him." He really could see no force in it. But he could see much force in the objections urged against the inequality and injustice of the privileges claimed for the schools. To allow a faculty of six professors one representative—for they could not go below one—was certainly to establish a very great disproportion between professors and members of the county medical societies. And, besides this, there was another injustice; the professors were twice represented, once from the faculties, and again from the societies. Now, there was a very general feeling, which, whether just or not, it was wise to respect, that this distinction ought not to be made between professors and other members of the profession. It savored of an oligarchy; it made a sort of upper house, although sitting in the same body. It were far better for the gentlemen of the schools to come down to the same level with their brethren, and to consent to make the National Association a purely representative body. He was for adopting an equal ratio—not so high as to exclude sparsely settled districts, but on the other hand, not low enough to make the Association an indiscriminate crowd. And he thought there would always be a fair proportion of professors in the body, as in fact they often went there now, from this city, as representatives of the College of Physicians, and of the County Medical Society. There need be no fear, he thought, that the Association would lose a control over the schools, because they were not to be allowed to knock at their doors with the privileges of close bodies. They would always be within the reach of a sound and healthy public opinion; and this they would never defy. At all events, he had little faith in the efficacy of mere legislation. And he was satisfied that the establishment of an inquisitorial censorship over the Colleges, such as Dr. Hays' plan seemed to imply, was exceedingly difficult. It would certainly lead to a delicate and dangerous assumption of power, which would be always most reluctantly exercised, from an indisposition to establish personal emities.

Dr. HAYS reiterated his views.

Dr. I. PARRISH expressed his cordial approval of Dr. Patterson's remarks.

Dr. CONDIE was in favor of the amendment of Dr. Hays. His own opinions which he had long since expressed, were in accordance with the tenor of the Montgomery county resolutions; but he knew that the sentiments which prevailed in the National Association were the other way, and he thought it inexpedient to tie the hands of the representatives whom we sent there lest our vote should be lost. It was best for the present to be content with a *restriction* of college representation, and not to endanger the whole plan for improving the representation of the Association, in the attempt to accomplish too much.

State Medical Society.

A Semi-annual Meeting of the State Medical Society will be held in this city on the last Tuesday (29th) of the present month, at the College of Physicians and Surgeons, in Crosby-street, the session to commence at eleven, A. M. Puerperal peritonitis is to be one of the subjects for discussion at this meeting, to be brought before the Society by Dr. Brinsmade. We doubt not that the meeting will prove an interesting as well as a profitable one.

(From the Medical Times.)

Annual Meeting of the Association of Medical Superintendents of Institutions for the Insane.

This Association met and commenced its sessions at the Irving House, in this city, on Tuesday, the 18th of May.

The following gentlemen, representing most of the American Institutions, were present :—

Dr. Andrew Macfarlane, of the State Asylum, Concord, N. H.

Dr. Clement A. Walker, of the Boston Asylum, Boston, Mass.

Dr. Luther V. Bell, of the McLean Asylum, Boston, Mass.

Dr. George Chandler, of the State Asylum, Worcester, Mass.

Dr. Edward Jarvis, Private Institution, Dorchester, Mass.

Dr. N. Cutter, Private Institution, Pepperell, Mass.

Dr. John S. Butler, Connecticut Retreat, Hartford, Conn.

Dr. Isaac Ray, Butler Hospital, Providence, R. I.

Dr. N. D. Benedict, New-York State Asylum, Utica, N. Y.

Dr. Benjamin Ogden, Visiting Physician, Blackwell's Island and Sanford Hall, New-York.

Dr. A. V. Williams, lately Visiting Physician, Blackwell's Island, New-York.

Dr. Charles H. Nichols, Bloomingdale Asylum, New-York.

Dr. Moses H. Ranney, Blackwell's Island Asylum, New-York.

Dr. Henry W. Buel, Sandford Hall, Flushing, N. Y.

Dr. Francis Bullock, King's County Asylum, Flatbush, N. Y.

Dr. H. A. Buttolph, New Jersey State Asylum, Trenton, N. J.

Dr. Thomas S. Kirkbride, Pennsylvania Hospital, Philadelphia, Pa.

Dr. Wm. S. Haines, Blockley Hospital, Philadelphia, Pa.

Dr. J. H. Worthington, Friend's Asylum, Frankford, Pa.

Dr. John Curwen, State Asylum, Harrisburg, Pa.

Dr. J. Hanbury Smith, State Asylum, Columbus, O.

Dr. Richard J. Patterson, Indiana Hospital, Indianapolis, Ia.

Dr. J. M. Higgins, Illinois State Hospital, Jacksonville, Ill.

Dr. Francis T. Stribling, Western Asylum, Staunton, Va.

Dr. Thomas F. Green, State Asylum, Milledgeville, Ga.

Dr. C. J. Fremont, Quebec Asylum, Canada.

OFFICERS :

Dr. H. BUTTOLPH, *Secretary.*

Dr. LUTHER V. BELL, *Pres.* ; Dr. ISAAC RAY, *Vice-Pres.*

Elaborate and valuable papers were read by the fol-

lowing gentlemen, and their topics critically discussed by the convention :—

On the popular estimate of Hospitals for the Insane, by Dr. Ray.

On the practice of employing male attendants in female wards of Asylums, by Dr. Stribling.

Notes of several cases of a peculiar form of disease first described by Dr. Bell, in 1819 ; by Dr. Worthington.

On the comparative value of steam and hot water in heating hospitals, both large and small, for the Insane ; by Dr. Kirkbride.

Interesting discussions also arose upon the proper disposition to be made of insane criminals ; also on the direction, organization, and discipline of hospitals for the insane ; upon the arrangements and construction of water-closets, plans and drawings for which were presented by Dr. Kirkbride ; also upon the manual for attendants, presented by Dr. Curwen at the last meeting of the Association ; which manual, the Committee appointed to examine it, recommended very cordially for adoption. Resolutions were passed commending the benevolent labors of Miss Dix ; also resolutions of thanks for kindness shown to the Association while visiting the New-York Hospital, the Bloomingdale Asylum, Sandford Hall, the Deaf and Dumb Asylum, Blackwell's Island Asylum, and the steamer Atlantic.

Also tendering the thanks of the Association to Mr. Howard, of the Irving House, for his generous hospitality.

The sessions of the Association, and the full and free discussion of all topics connected with the great subject of the care of the insane, were marked by unusual interest, and cannot fail to promote the objects in view.

The Association adjourned on Saturday morning, to meet at Baltimore, on the second Tuesday of May, 1853, at ten o'clock in the forenoon.

Castleton Medical College.

This ancient school begins its next session in August, and retains as high standing in all respects, as any one of the country schools. Professors Goldsmith, Carr, and Sweetser are permanently and prosperously sustaining their reputation as capable teachers, and every member of the present Faculty are well spoken of by the classes which continue to patronize the school.

Professor Draper

Has notified the N. Y. Academy of Medicine that the Faculty of the University do not recognize that body. No action has yet been taken upon his official letter which is certainly ill advised. It remains to be seen whether the Academy will henceforth recognize the University or its graduates.

Memoir of Robert Troup Paine,

BY HIS PARENTS.

Printed for private distribution, especially among the classmates of the youth.

We know not when our sensibilities have been more tenderly touched, than on the receipt of a presentation copy of this parental tribute to the surpassing intellectual worth and extraordinary moral purity of an only son; who by his genius and ability, no less than his excellence of character, had given promise of blessing and being blessed on earth, but who by one of those mysteries in Providence which are unsearchable, has been unexpectedly removed to that higher sphere of blessedness where it is said, "what we know not now, we shall know hereafter."

Unwilling to intrude, even seemingly, upon the sacred privacy of private griefs, or to open wounds yet bleeding, and which by a Divine ordinance time on earth and re-union in heaven, alone can heal, yet we cannot forbear our condolence with the venerable Father, now the only survivor of those parents, by whom this Memoir had been prepared, before the stricken Mother followed her son quickly to the tomb. There is, there can be but one source of consolation to such a bereaved husband and father, bending beneath the fierce blast which has thus desolated his household, and left him alone of earth, a solitary "heart to know its own bitterness." That solace is found in the religion of both parents and son, whether living or dying, and which points to Him who has said, "The Lord shall be thy everlasting light, and the days of thy mourning shall be ended." May our venerable friend be sustained under these sore bereavements by Divine support.

We forbear to say more, and will only add that the Memoir is a royal quarto of 524 pages, contains an engraved portrait of its lamented subject, and of his estimable mother, since deceased; together with two colored plates of wild flowers, which that mother had gathered with her own hand on the occasion of the birth day of her son, August 10th, 1850, when he attained his majority.

The typographical execution, by John F. Trow, and the binding of the volume by E. Walker & Sons, are not surpassed by those of any artisans in these departments, of whom our country can boast. We shall prize our copy with our venerable friend's autograph, above all price; apart from the intrinsic merits of the volume, of which we may speak through another and more fitting medium, hereafter.

New-York Medical College.

By the announcement on another column, it will be seen that the third course of regular lectures in this new school, will commence early in October with seven professors, and be continued five months. In thus respecting the voice of the American Medical Association

in calling for an extension of the lecture term, and a full corps in the Faculty, this College has evinced its purpose to march *pari passu* with the College of Physicians and Surgeons of our city in the improvement of medical education, and in aiming to elevate the standard of qualification for professional honors. This course will commend the school to support and patronage. For the details we refer to the announcement, on our title page.

Kossuth and his Physician.

[The following tribute by the Hungarian Chief to the science and skill of his faithful physician, is as honorable to the head and heart of the writer, as it is creditable to the gentleman in whose behalf the testimonial is given. We insert it with much pleasure.]

We have received the following communication from Gov. Kossuth, and publish it with pleasure:

Gentlemen of the New-York Daily Times:

I respectfully request you to afford me the benefit of that publicity of which your journal is so distinguished an organ, to fulfil a duty of heartfelt gratitude towards Dr. LOUIS SZPACZEK, my physician, who, after having, in the war of my country's independence, acted with self-sacrificing devotion the noble part of bravely assisting the wounded on the battle field in his quality of chief surgeon, has accompanied me into exile and through all the vicissitudes of my homeless life up to the present day, through Europe, Asia and America, and has devoted the rare accomplishments of his medical skill, his daily and nightly cares, and his untiring conscientious watchfulness, with such fidelity and such devoted attachment to the medical attendance of my own self, family and companions, that it is but a poor tribute due to his inappreciable services for me publicly to acknowledge that he was not only the skilful preserver of my health, but, indeed, the security of my life, amidst the complications of often strange and dangerous circumstances.

I render him the same tribute of thankful acknowledgement in the name of all those who shared my exile in Turkey and were the companions of my detention in Asia. There are many of them whom his skill and indefatigable care has restored to health, when there was scarcely any more hope, and all unite with me in these expressions of gratitude, not only for his skilful medical aid in sickness, but for his tender and assiduous watchfulness until the restoration of health.

If I had the means of offering him a position, however humble and inadequate to his merits, which indeed his devotion would accept, nothing should induce me to proceed unaccompanied by him, whithersoever duty may direct my wanderings; but, as I am but a poor exile, I can but with deep regret, and the expression of my lasting gratitude, recommend him to the public as a medical attendant in whom they will never have to regret any confidence they may repose, and request of your courtesy and kindness, gentlemen, publicity to this my recommendation. I have the honor to be

Your very obliged and obedient servant,

L. KOSSUTH.

Communications.

Dr. Stewart.

[We give place to the following communication, at the special request of Dr. Stewart, who desires its insertion for self-vindication.]

To the Editor of the New-York Medical Gazette.

Staten Island, May, 1852.

Dear Sir,—In the number of your journal for July 1851, there was published a correspondence between Mr. Grinnell (a ship-owner of New-York city) and myself, in reference to some statements which he asserted I had made to the Governor of the State in connexion with the subject of Quarantine as applied to his vessels, and although the matter is not one likely to prove of interest to your subscribers—being merely a personal difficulty—I cannot in justice to myself longer refrain from asking the use of your columns for the publication, *through the same channel*, of the annexed letters and extracts from the Report of a Select Committee of of the Assembly, which will, I trust, place the subject in its true light.

I have delayed thus long to notice the publication referred to, hoping that the late Legislature would by speedy attention to the subject in which the difficulty originated, have rendered it unnecessary for me to do so; want of time, however, having prevented definite action upon the unanimous Report of the Senate Committee to restore the office of "Physician of Marine Hospital," justice cannot be done me through that source until the next year, and I am thus reluctantly forced to vindicate myself from the ungentlemanly charge of having endeavored to deceive the Chief Magistrate of our State, under whom I held a responsible office.

Furnishing, as these papers do, a complete and thorough vindication of my character from the imputations that were attempted to be cast upon it, I now feel myself at liberty, and in a manner bound to state—inasmuch as other gentlemen are connected with the firm to which Mr. Grinnell belongs—that I have never for a moment supposed, nor intended to convey the impression that they or any other merchants of our city were privy to any arrangement for violating or evading the law, or whereby they were to derive any special benefit through the Quarantine. Any assertions that I may have made were intended for a wholly different purpose, of which fact Mr. Grinnell's partner was well aware at the time when his correspondence commenced.

I do not conceive that the unjust and dishonorable system of persecution which has been pursued towards me by certain parties and their friends—the whole of which I am now forced to expose in detail to the Legislature with abundant documentary proof—would be any justification for my allowing imputations to rest upon gentlemen with some of whom I am unacquainted, and who it has never been my intention to injure or molest. I therefore unhesitatingly repeat, that so far

as my knowledge extends, I am aware of nothing in connection with the subject of quarantine derogatory to the character of any of our shipping merchants.

It is true that some of them occupy, as Commissioners of Emigration, a false position in regard to the Quarantine institutions and officers, who were during the whole time that I was connected with the Marine Hospital directly in their pay, and during the last year acting in concert with them against me, and this may very readily have occasioned the impression that they might be influenced by improper motives. In the absence, however, of all proof of culpability, it would be both ungenerous and disloyal to indulge in insinuations involving personal character and reputation. The fact that such insinuations, and even directly false charges, have been made against me by some of these parties, is no justification for retaliations of a similar character. My affairs are now in the hands of the Legislature, whose Committee has so far done me ample justice, and I have no fear of the final action of that body, when they shall have been made fully acquainted with the manner in which they had been imposed upon, and the trickery through which they were deceived.

Respectfully, your obedt. servant,
F. CAMPBELL STEWART.

Marine Hospital, Staten Island, May 17, 1851.

To his Excellency Governor Hunt, Albany.

My dear Sir,—I have received letters from Mr. M. H. Grinnell of New-York city, stating that he had been informed by "Washington Hunt, Governor of the State of New-York," that I had "represented at Albany that partiality has been shown towards the ships belonging to my (his) firm in their being allowed improperly to pass the Quarantine," and calling upon me to furnish him with the dates of arrival of the ships to which the statement had reference, or to say whether I did or did not make the assertion.

Under these circumstances I respectfully request your Excellency to inform me what was the exact purport of any conversation that I may have had with you on this subject, (for it has entirely escaped my recollection if any such conversation took place,) or whether the information was the result of hearsay only. Your word will be all sufficient to satisfy me, and if I have made any communication to you in regard to this matter I shall feel bound to give my reasons for having done so.

I should have returned a decisive answer to Mr. Grinnell immediately on receiving his first letter but for the reason that I have been subjected of late to so many annoyances of this kind, and such powerful efforts have been, and are still being made, by certain influential persons connected with a portion of the whig party, aided by others personally inimical to me, to accomplish either my removal from office or the abolition of the office itself, that it is necessary for me to be very guarded in what I say and do; for if

there be any ulterior political object in view for injuring me, an important point would be gained if your confidence in me were to be impaired, or any misunderstanding could be brought about between us. I deem it incumbent upon me to state to you in this connection with the view of preventing all misconception, that although I have never been actively engaged in political life and consider politics to be wholly at variance with my professional pursuits, I have ever been a firm adherent to the great whig party of the country, and a uniform supporter of its policy. I might be doing you and myself injustice were I not to state, in the most unequivocal manner, that I belong to the Union section of the party; am a decided supporter of the great leaders of that section; and approve most heartily of all the compromise measures of Congress. My own personal convictions; my family reminiscences; and all my associations impel me to this political course, and I deem it a duty towards you, under whom I continue to hold office, to make this frank avowal.

Hoping that you will excuse me for being obliged to address you at this time in the manner I have done, and trusting that you will favor me with a reply at your earliest convenience,

I remain very respectfully and truly,

Your friend and obedient servant,

(Signed.)

F. CAMPBELL STEWART.

State of New-York, Executive Department.

Albany, May 30th, 1851.

Dear Sir,—I should have replied sooner to your letter of the 17th inst. but for my absence at the West. Your inquiry relates to two conversations, and I will endeavor to give my best recollection of each. In one of our interviews, while the Legislature was in session, you mentioned that there were reports or complaints that the vessels of Grinnell, Minturn & Co. were allowed to pass the Quarantine and come to the city sooner after their arrival than the vessels of other owners. At the same time, something was said about the number of days that ships were ordinarily detained, while those of Grinnell, Minturn & Co. had been permitted to come in at an earlier period, but I will not undertake to state the time with precision. You observed at the same conversation, that you did not profess to state the fact of your own knowledge, but that such reports existed and were believed by some or many of the city merchants. That was the purport of your statement, as nearly as I can remember.

In a subsequent conversation with Mr. Grinnell, I mentioned to him that I had heard reports of this character, and made some inquiries of him on the subject. He denied the allegations, and insisted on knowing the source of my information. I replied that you had spoken to me of the existence of the reports, or statements to that effect, and I had heard them alluded to by some others, perhaps members of the Legislature, but my

memory would not enable me to recall the names of all who had alluded to the subject.

You are aware that in the contest before the Legislature many imputations and recriminations were indulged in by both sides. I have regretted the difficulties at the Quarantine sincerely, and my strongest desire has been that the public interest should not suffer or be lost sight of in the heat of personal controversy. If any such favoritism has been shown towards particular vessels, I should consider it a material fact, and a practice which should be promptly corrected. If on the other hand it is an erroneous impression, it is due to all parties that it should be removed.

This endless controversy at the Marine Hospital is most unfortunate, and excites my special aversion.

Very respectfully yours,

(Signed)

WASHINGTON HUNT.

Dr. F. Campbell Stewart, Marine Hospital.

Extracts from the testimony accompanying the report of the Select Committee of the Legislature, appointed to examine into the affairs of the Commissioners of Emigration. (Assembly Document, No. 34, February 6, 1852.)

Page 50,—George Andrews being sworn by the chairman says:

* * * * *

When I have been down to quarantine, it takes the health officer about three times as long to count the passengers and to do his business on vessels passed by him, the health officer, not belonging to either of the Commissioners of Emigration, as on vessels owned by some of them. It is a general and proverbial remark amongst the runners, look out boys, or you will not get a chance, for here is one of the Commissioners ships, and she will be passed before we can catch her.

* * * * *

Page 53,—Charles Gallagher being sworn, says:

* * * * *

I have noticed Marshall's, Grinnell's, and other leading lines, when their vessels were quarantined, the sick ones were taken out and the vessels allowed to come to town, and transient ships in like cases quarantined, so that is giving the owners of the liners the advantage; it is very seldom you hear of one of Grinnell's vessels being quarantined, if you read the papers you will find they always come up.

* * * * *

Dental Colleges and Professional Men.

Some very brief remarks, on the course of instruction pursued by "*Dental Colleges recently brought into existence*," contained in a paper published in the *New-York Journal of Medicine* for January last, have called forth a statement, signed by several practitioners of medicine of Baltimore, and of practitioners of dentistry elsewhere located, of so singular a character as to require that it should be replied to.

Its substance may be summed up under the fol-

lowing heads, each of which will be accompanied by such remarks as the particular case may seem to require; and in conclusion, certain interesting facts, bearing upon this matter shall be stated, with all the brevity that the case will admit.

1st.—That those whose names are attached “should publicly contradict a statement made by Dr. Trenor, which they know to be unjust, injurious, and untrue.” Now as this language strikes us as being rather inconsistent with that courtesy which a full and fair discussion of every scientific subject so obviously requires, we must be permitted to suppose that the gentlemen signers did not intend to convey a meaning so decidedly offensive and objectionable. This is the more to be hoped for, as their only justification for such an implication rests solely upon the interpretation which the remark, “*Dental Colleges recently brought into existence*,” will most obviously warrant.

Every one at all conversant with this subject knows full well, that within the last eighteen months, or a little more, several Dental Colleges have been and are being organized at different and distant points through the States, while those who have put forth this charge, profess to represent *exclusively a single institution*, and one, too, which has been some *twelve years and upwards in existence*. With such facts to guide them, it exhibits a singular obtuseness, that could so have applied the “remarks” of the writer in the New-York Journal. While on the other hand, it evinces a strange obliquity of intellect, if not of intention, that could have hazarded so grave a charge upon so feeble a pretext.

2d.—“That they are particularly designated by Dr. Trenor as the objects for the reproach that he invokes” for having “lent their influence to further improper purposes,” &c. &c.

As no single institution was at all alluded to, neither was any person, nor number of persons, referred to in the most distant manner by the writer of the ‘Remarks,’ a strange hallucination must have come over those gentlemen signers to have supposed that they were intended to have been made objects of reproach, &c. &c. It may be sufficient however, to observe, that as the writer of the ‘Remarks’ know nothing of those gentlemen signers, nor of their relative position to the Institution for which they now stand sponsors, he could have entertained no such intention towards them as they have had the complacency to charge him with.

3d.—That Dr. Trenor “makes an assertion utterly unauthorized by facts, when he declares that all the instruction which every medical school inculcates in medicine and surgery they do not” &c. &c. “perform.”

Now as these gentlemen signers have here endorsed fully and without reserve, all that the writer of the ‘Remarks’ had advocated as the acquirements essential to a practitioner of dentistry, and while acquiescing in the importance he attaches to medicine and surgery, assert that “giving such instruction does enter into the arrangement of the institution, is sufficiently pro-

vided for by them,” &c. &c. it establishes conclusively the entire necessity of this course of instruction in the opinion of at least both parties to this controversy. But if the writer of the ‘Remarks’ cannot be shown to have made any particular allusion to this Baltimore Institution, and as his views, on the course of instruction are shown to have been fully assented to by those gentlemen signers, it is difficult to perceive what justification they can offer, for the violent attack they have made on the motives and veracity of the writer of the ‘Remarks.’

4th.—This appeal is put before the public as the declaration of those who are influenced only and solely by “the obligation which rests upon all men to do justice and vindicate the truth,” “and that no one of them has directly or indirectly any other interest in the institution than that which results from an appreciation of its usefulness to the community.”

Passing over the somewhat doubtful disinterested motives, by which those holding their authority to practise their profession, from the Baltimore Dental College, might be supposed to be actuated, in affixing their names to this paper, we come to the fact that, more than one gentleman, and that too among the most influential and efficient, and acting obviously in a representative capacity as members of the faculty of this College, have been busily employed in seeking signatures to this document, impelled by no other consideration, doubtless “than that which results from an appreciation of its usefulness to the community” and “the obligation which rests upon all men to do justice and vindicate the truth”!!!

Even if the writer of the ‘Remarks’ had become justly obnoxious to the charge of want of veracity, the facts above stated should have taught all those concerned in this transaction, the value of the parable of the beam and the mote, and should promptly and effectually, have stayed their heedless pen.

5th.—“As Dr. Trenor has never visited the institution he must be comparatively uninformed,” &c. &c. Passing by this very frivolous objection, as if there were not hundreds of sources of correct information, independent of personal visitation and inspection, we come to the 6th, and, after all, the most important feature of this very unique paper.

The undersigned do hereby concur in recommending the Baltimore College of Dental Surgery to the patronage of the public”!!!

Of course the officers of the institution must have been perfectly disinterested in hunting up signatures to such a certificate, for the purpose of having it published to the world. Nevertheless it would be instructive to learn from those *gentlemen signers*, what were the real motives which influenced these officers in this particular. Was it with them too “the obligation which rests upon all men to do justice and vindicate the truth?” Such obligations particularly in such cases, it is apprehended, will be found to be more than usually binding.

It certainly would have been time enough for the friends of this Institution to have replied when it was directly and unmistakably assailed. But this uncalld-for defence without ever having been attacked, fully confirms the truth of the adage that the guilty conscience needs no accuser. Indeed it is impossible to resist the conviction that a sore—a very sore spot has been touched, and that real disease is festering beneath. They must excuse us, therefore, if in the endeavour to ascertain its character and extent, it is probed to the very bottom; nor wince not, if in the effort to effect a radical cure, the caustic or the cautery be freely and fearlessly applied.

Suppose that any of the numerous contributors to our medical periodicals, should announce the disparaging opinion daily expressed in medical circles of the thousand and one medical schools which swarm through the land, and that in consequence thereof any medical institution possessing the slightest pretensions to character or standing, should present the very undignified spectacle of parading before the public certificates of character, reputation, and recommendation; need there, could there be a more humiliating spectacle presented to the gaze of the whole profession? Yet such is the attitude which this Baltimore Institution now occupies.

Again, when we see two of the principal professors of one of these Institutions, the one seeking patents for some fancied or actual professional improvement, and the other openly advocating and promoting such application, it is rather too late to be told that we have stepped at all beyond the bounds of propriety, or have spoken irreverently or unjustly in the allusions made to Dental Colleges by the writer of the remarks; and to be told this, too, by those who sign themselves members of the medical profession!!! The profession itself, however, has given pretty conclusive evidence, that it understands this matter a great deal better than the gentlemen (M. D's.) who have signed this paper.

Those who are familiar with medical schools and medical lectures need not be told that a prosy and incompetent professor is, unfortunately, now and then met with, and that there will also be found in every class some one, two, or three students, who never can be made to comprehend, or be benefited by the most eloquent or accomplished teachers; but if the difficulty of being interested in the lectures or teachers extend to the whole class, then the deficiency must be attributed, not to the pupils but to the teachers. As for instance, we are told by the Professor of the principles and practice of Dental Surgery in the Baltimore College himself, that "students of dental surgery generally do not avail themselves of the instruction given in dental colleges." And again, in speaking of the mechanical rooms in contra-distinction, as it would seem, to the college lectures, the same authority informs us that "it requires all the talent of our colleagues, and the stringent regulations of the school, to obtain sufficient

consideration for the latter" (the lectures.) Now it is very obvious that the difficulties here complained of must rest either with the class or the professors. The gentlemen signers, as the champions and expounders of this institution, will doubtless be able fully to explain this matter, and to place the irksome burden upon the shoulders of the real delinquents. If it be the former, (and certainly this is not the case in our medical schools,) the sooner it is corrected the better; and that the dental colleges cannot do it, no better authority need be required than the worthy professor himself. In plain speaking, if the students have received a proper preparatory education, and that the lectures were such as they ought to be, no difficulty whatever of this kind would be found to exist.—It is obvious that the dental schools cannot, but the medical colleges can and will correct this evil.

Now with such facts and failures before our eyes, need we be surprised that the medical profession should *en masse* have pointedly rebuked the whole class of dental colleges, as mere pretenders to those acquirements, which could entitle them to either sympathy or association.

J. TRENOT, M. D.

Dr. Dewees's Opium Case.

[The following article will be found to possess much practical interest, at this time, when a mania on this subject seems to have bewildered the minds of certain theoretical doctors, who are unsafe therapeutists or practitioners.]

Colonel J. M., U. S. Army, called upon me, April 17, 1852, complaining of a small pimple upon the back of the neck, bordering on the occiput. I informed him at once that I feared he was about to have an attack of Erysipelas. On the 19th he wrote me that he required my medical services. I now quote from my case book.

April 19. Left face very much swollen, back of the neck and scalp exceedingly tense, tender and inflamed, small and large bullæ filled with yellow serum covering the parts, and extending over left shoulder to the middle of upper arm, and over the whole left throat and chest. The liver is considerably enlarged, its indurated margin marking its extent, tongue thickly coated.

To take Mass ex hydrarg gr. x. followed by a bottle of liquor magnesie citrat. The inflamed parts to be constantly moistened with a watery infusion of opium, containing a small quantity of the Liq. Plumbi. subacetat.

20th. To take Hydrarg Chlor. mit gr. viij. followed by another bottle of the aperient draught, as the bowels have not been sufficiently moved.

21st. Colonel M. feels better to-day, bowels freely moved; erysipelas not extending much beyond its original seat; several bullæ have discharged, leaving dark leaden excavations in several places, whilst lamellated crusts begin to form here and there over the inflamed surfaces in others.

To bathe the parts with the opiate lotion, and

when dry to have them covered with fine linen rag smeared with mercurial ointment.

In the evening felt restless, ordered a Dover's Powder to allay the nervous symptoms, and produce an action on the surface.

22d. Called at 11 o'clock this morning upon Col. M. found him lying upon his back breathing heavily; face swollen and purple, and pupils contracted to a pins' point.

It was with much difficulty I could arouse him sufficiently to know me, and to answer. Fearing that, from an idiosyncrasy to opium the small portion contained in the Dover powder had narcotised him, I immediately summoned Mr. Steele, the keeper of the hotel, for whose kind attentions I am much indebted. I ordered an elixir of coffee to be made, and that the aqua ammonia dil. should be immediately procured. Whilst these orders were attending to, I renewed every exertion to keep my patient aroused, when suddenly to my astonishment he got out of the bed, staggered to the bureau, and holding up an empty package, said "I took this, some mistake." It was the paper in which I had left 120 grains of powdered opium to be used as a lotion!

The stupor and drowsiness now rapidly increased, the skin being bathed with perspiration. A large cup of the coffee, with 15 drops of ammonia, was administered, and immediately copious vomiting ensued, a large proportion of the opium being ejected. This treatment was steadily pursued every 15 minutes until the stomach was relieved from the drug, when a strong infusion of green tea was substituted for the coffee, and the ammonia decreased gradually. He was kept constantly aroused by the attendants, the remedies being given at longer intervals.

The Erysipelas was checked apparently more rapidly than it otherwise would have been done, after taking the enormous dose of opium, the crust forming over the inflamed surfaces. The parts were kept bathed with a solution of tannic acid 3j. to Oj. The following day the bowels were with difficulty moved, the pupils remaining for several days greatly contracted.

The poor little Dover's powder was found safely lying sealed upon a plate where the servant had left it, unknown to my patient, who, after searching for some time for it, at length discovered a package upon the back part of the bureau, and not being personally acquainted with the appearance of the powder, he thought he would take it on a venture, and accordingly, as he said, he "with difficulty managed to swallow it," and then feeling "uncommonly drowsy" suspected a mistake had been made. By the 1st. of May the enlarged and indurated liver yielded to the joint influence of the compound cathartic pill and infusion of taraxacum, and the gallant colonel was put on the out-door list.

Remarks.—This case, with several others that have

fallen under my notice, affords a striking illustration of the fact, that where by accident or suicidal intent, a *very large* quantity of crude opium has been taken, the life of the individual is not so imminently jeoparded, as when a much smaller dose has been swallowed. The physiological fact seems determined by the history of such cases, that the drug in these over doses acts as a paralysing upon the stomach, preventing rapid absorption. Hence we can understand why it is in some cases that such immense and apparently murderous doses of opium have been administered, and the *patient not killed*. In the above case 2 drachms of opium had remained 12 hours in the stomach, tending slowly to fatal results, but which apparently had not produced more effect than *one-twentieth* of the amount would have caused in four hours.

We also see the action in those cases of intended suicide, where to make death doubly sure the unfortunate person has taken first opium in large quantity, followed by arsenic—the corrosive effect of the latter being held in subjection by the specific action of the opium upon the coats of the stomach—the safety of the patient being frequently attained.

It is worthy of remark that the Erysipelas declined rapidly after the taking of the opium. As far as my present experience goes, opium is better borne, or in other words can be more safely or advantageously given in large doses, in *sthenic* Erysipelas, and in the kindred affection of true puerperal peritonitis of the robust, where there is no difficulty from cerebral effusion to be dreaded, than in most diseases termed inflammatory. In some *skin diseases*, attended by high nervous excitement, pruritus, &c. the administration of opium, or its preparations, will be found of the highest service, not from any specific action exerted upon the local disease itself, but by quieting the irritability of the nervous centers, or *their peripheral extremities*, thereby allowing the natural processes of reparation to proceed.

In the debilitated from chronic disease, from frequent or large losses of blood, impoverished habit, and exhausted nervous system, *large doses of opium, or of any narcotic remedy*, are dangerous in the extreme, not so much from their immediate effects, as by their paralyzing the organic nerves, causing subsequent effusions into the brain, heart, lungs, &c. or by the *reduction of the normal stimulus of the vital organs* below the point at which the reproductive processes can be healthfully sustained, the blood becoming contaminated with urea and other products from which it should have been depurated. In chronic kidney disease, attended with pain and *scanty urine*, the administration of opium or morphine may quiet the suffering, but frequently kills the patient. The scalpel reveals effusions in the ventricles of the brain, the sac of the heart, or cavities of chest and abdomen; but analysis of the blood will also frequently reveal what was of more importance—urea in the blood.

Childrens' Hospitals.

[We find the following article in the June number of *Harper's Monthly Magazine*, and transfer it to our pages, as adapted to the meridian of New-York.]

DROOPING BUDS.

BY CHARLES DICKENS.

In Paris, Berlin, Turin, Frankfort, Brussels, and Munich; in Hamburg, St. Petersburg, Moscow, Vienna, Prague, Pesth, Copenhagen, Stuttgart, Grätz, Brünn, Lemberg, and Constantinople, there are hospitals for sick children. There was not one in all England until the other day.

No hospital for sick children! Does the public know what is implied in this? Those little graves two or three feet long, which are so plentiful in our churchyards and our cemeteries—to which, from home, in absence from the pleasures of society, the thoughts of many a young mother sadly wander—does the public know that we dig too many of them? Of this great city of London—which, until a few weeks ago, contained no hospital wherein to treat and study the diseases of children—more than a third of the whole population perishes in infancy and childhood. Twenty-four in a hundred die during the two first years of life; and, during the next eight years, eleven die out of the remaining seventy-six.

Our children perish out of our homes: not because there is in them an inherent dangerous sickness (except in the few cases where they are born of parents who communicate to children heritable maladies,) but because there is, in respect of their tender lives, a want of sanitary discipline and a want of medical knowledge. What should we say of a rose-tree in which one, bud out of every three dropped to the soil dead? We should not say that this was natural to roses; neither is it natural to men and women that they should see the glaze of death upon so many of the bright eyes that come to laugh and love among them—or that they should kiss so many little lips grown cold and still. The vice is external. We fail to prevent disease; and, in the case of children, to a much more lamentable extent than is well known, we fail to cure it.

Think of it again. Of all the coffins that are made in London, more than one in every three is made for a little child: a child that has not yet two figures to its age. Although science has advanced, although vaccination has been discovered and brought into general use, although medical knowledge is tenfold greater than it was fifty years ago, we still do not gain more than a diminution of two per cent. in the terrible mortality among our children.

It does not at all follow that the intelligent physician who has learned how to treat successfully the illnesses of adults, has only to modify his plans a little, to diminish the proportions of his doses, for the application of his knowledge to our little sons and daughters. Some of their diseases are peculiar to themselves; other diseases, common to us all, take a form in children

varying as much from their familiar form with us as a child varies from a man. Different as the ways are, or ought to be, by which we reach a fault in a child's mind, and reach a fault in the mind of an adult; so, not less different, if we would act successfully, should be our action upon ailments of the flesh. There is another thing, also, which puzzles the physician who attends on children. He comes to us when we are ill, and questions us of this symptom, and of that; and on our answers, he is taught, in very many cases, to base a large part of his opinion. The infant can only wail; the child is silenced by disease; or, when it answers, wants experience, and answers incorrectly. Again, for life or death, all the changes in the sickness of a child are commonly very rapid: so rapid, that a child which suffers under an acute disease should be seen at least every five or six hours by its medical attendant. He knows this quickness of action; he knows how swiftly and how readily the balance may be turned upon which hang life and death. He may have been to Paris or to Vienna, and have studied in an hospital for children; and, out of his experience, he may know how to restore the child whole to the mother's bosom. But all English students cannot go abroad for this good knowledge; nor is it fit that they have need to do so. They have need at present. In a rough way, English practitioners of medicine no doubt administer relief to many children; but, that they are compelled to see those perishing continually whom a better knowledge might have saved, none are more ready than themselves—the more skillful the more ready—to admit and to deplore.

The means of studying the diseases of children in London have been confined to one dispensary, and the general hospitals. In these, the hours, the management, and discipline, are not readily adapted to the wants of children. It was found, when a committee of the Statistical Society, in 1843, inquired into such matters, that only one in a hundred of the inmates of hospital wards was a child suffering from internal disease. Can we wonder, then—when we call to mind the peculiar characteristics of disease in a child, and the sagacity and close observation they demand—can we wonder that the most assiduous students, growing into medical advisers, can, in so many cases, do no more than sympathize with the distress of parents, look at a sick child's tongue, feel its pulse, send powders, and shake their heads with vain regret over the little corpse, around which women weep so bitterly?

The want of a Child's Hospital in London is supplied. The Hospital for Sick Children, lately established, and now open, is situated in Great Ormond-street, Queen-square.

[There is a children's hospital at the Nurseries on Randall's Island, under the charge of the Governors of the Alms House, but its inmates are paupers exclusively, and chiefly orphans. The Commissioners of Emigration have also a children's department in their hospital on

Ward's Island. But a hospital for children is still needed in New-York or its vicinity, like that above described, for the children of parents who are not paupers, but whose humble homes are not such as afford their little ones any chance for life, when sick from the summer complaint and other epidemics.]

Brooklyn City Hospital.

This Institution has been opened in their new building. The medical staff consists of the following gentlemen, viz.

Attending Physicians.

DRS. CULLEN, CRANE, THORNE, AND CORSON.

Attending Surgeons.

DRS. HUNT, AYRES, COCHRAN, AND MINER.

Resident Physician.

DR. W. PIERSON.

New-York College of Pharmacy.

Officers for the present year.

GEORGE D. COGGESHALL, *President.*

Vice-Presidents.

J. H. CURRIE, W. H. RUSHTON, AND OLIVER HULL.

J. S. ASPINWALL, *Treasurer.* R. BULL, *Secretary.*

Arthur's Home Gazette.

This periodical merits the patronage of the profession, especially by its conscientious exclusion of all advertisements for Quack Medicines, in common with other demoralizing and mischievous articles, including bad books, &c. And this apart from its claims derived from the ability of its editor, and the value of its contents as a family paper, in which aspects it has no superior.

Dr. Solyman Brown.

One of our most eminent Surgeon-Dentists, and whose literary taste and versatile genius, are well known and highly appreciated by his friends, has republished in the last number of his Dental Expositor, a poem, which nearly twenty years ago he inscribed to his friend Dr. E. Parmly; and which attracted great attention at the time. Its re-appearance will gratify the present generation, and associate its author's name with the "tuneful nine."

Hydatids of the Liver.

Dr. J. Edward Weber of this city, as we learn from the Medical Times, has successfully treated a case of this rare disease by an operation, the details of which, as reported, do credit to the science and skill of the surgeon. The diagnosis, always obscure, had been previously made out by a German Physician of Illinois, and was confirmed on physical exploration by Dr. W. on his arrival here. An exploring operation was first performed by puncture and a small incision, which latter revealed the fact that there was no adhesion between the peritoneal covering of the liver, and that

lining the abdominal parietes. To effect this adhesion, appropriate dressings were employed, which resulted in perfect union between the peritoneal surfaces, which was ascertained satisfactorily on the eighteenth day. The danger of admitting air into the cavity of the peritoneum being thus obviated, Dr. W. proceeded to lay open the parenchyma of the liver down to the sac, and emptied its contents, the cavity in this organ having acquired nearly the size of that of an adult skull, which had been filled with hydatid cysts of various sizes, all of which were removed together with a large quantity of yellowish fluid containing broken cysts; not all at once but at the several dressings, canulas and catheters being employed, with oiled tents, &c. The entire recovery of the patient has proved that this disease is not, as often alleged, necessarily fatal.

Dental Colleges and Journals.

The American Journal of Dental Science and the Dental Times, both published at Baltimore are received, and sustain the high character earned for them by their able editors. They are down upon our neighbor Dr. Trenor, who it will be seen, is up and at them again. This collision of the best minds will develop the truth on the questions at issue, and must supplant the amalgam war.

Ophthalmic Hospital.

A new Eye Infirmary has been organized in this city, of which Dr. David L. Rogers, and Dr. Mark Stephenson are the surgeons. The Institution is located in the N. E. section of the city, viz. in Stuyvesant-st. and was opened a few days since by a suitable ceremonial, and an address by Ex-Mayor Woodhull, who is the President.

The announcements by advertisements, large handbills, &c. that it is for the benefit of the poor, have been taken exception to by some, but as they are under the sign manual of the President and Directors who are not professional men, our code of Ethics is not theirs. Moreover the Eye Infirmary long established in the city, and still flourishing, was brought into public notice by similar means. And as competition is the life of business, and monopolies odious, we see no objection to multiplying Eye infirmaries, and Ophthalmic hospitals, proportionably to the extension of our city, and the wants of our increasing population. Indeed it would seem that specialties are becoming the order of the day, and while the fashion lasts, Drs. Rogers and Stephenson have as good a right to establish an Ophthalmic Hospital, as any other gentleman of the fraternity. Success to them in their new enterprise.

Castleton Medical College.

The spring course of lectures is closing at this school, with a class of sixty-five students. The announcement for the fall session will be found in another column.

[From the New-York Medical Journal.]

Remarks on the Amputation of the Lower Jaw.

BY J. M. CARNOCHAN, M. D.

Professor of the Principles and Operations of Surgery in the New-York Medical College, Chief Surgeon to the State Emigrants' Hospital, Ophthalmic Surgeon to the same Institution, &c.

Since the publication of my case of amputation of the entire lower jaw, in the January number of the Journal, I have been led to investigations which justify me in presenting it as the first successful operation of the kind reported in the annals of surgery. The operation attributed to Walther of Bonn cannot be admitted as authentic, not because it presented formidable surgical difficulties, although such must always exist, but because no such operation is recorded either by himself or by an eye-witness. I am not alone in this opinion. Velpeau, the great compiler of surgical literature, alludes to it in a brief note [*Nouveaux Elémens de Médecine Opératoire*, Paris. 1839. vol. ii. p. 610,] as a mere rumor unsupported by proof. Nelaton [*Elémens de Pathologie Chirurgicale*, Paris. 1849. p. 749,] also alludes to the operation as a mere rumor. The most eminent German authority, Dieffenbach, in his *Operative Surgery* [*Die Operative Chirurgie*, Leipzig. 1848. Zweiter Band. p. 56,] under the caption of "Exarticulation of the Entire Lower Jaw," describes a *cadaveric* operative procedure, but makes no allusion to Walther in this relation. Chelius another eminent German professor [*System of Surgery*, by J. M. Chelius; translated from the German, with notes, by John F. South. Vol. iii. Philadelphia. 1847. p. 745,] under the caption of "Excision of the Lower Jaw," simply says that "even the total extirpation of the lower jaw may be indicated by various kinds of disease," but does not proceed to mention Walther, or any other surgeon, as ever having performed that operation. From this silence it may be inferred that he assumes that the operation was hitherto wholly unknown in the records of surgery. The latest French authority, M. Vidal, (de Cassis,) [*Traité de Pathologie Externe de Médecine Opératoire*, Paris. 1851. Vol. iii. p. 509,] holds this language in regard to Walther's operation: "success (in an amputation of the entire lower jaw) is attributed to Walther of Bonn;" and further on, "the success spoken of is unique; it has not even an irreproachable authenticity."

There is an operation transcribed from the Italian into the *Gazette Medicale* for Nov. 1844, p. 758, under the head of "Extirpation of the entire Lower Jaw by sub-cutaneous incision, by M. Signoroni," but it is very far from coming within the category of successful amputations or resections. The record is in many respects vague and unsatisfactory. No details are given of the disease requiring the operation. The operation itself, according to the author, was not an amputation properly so called, but an extraction of the bones, by means of forceps, and the use of the bone scissors. There were no incisions made, except of the buccal mucous mem-

brane, where it is attached to the surfaces of the jaw. Moreover, the extraction was not effected by a single operation, but required a second, after the lapse of eight days. And still farther, the patient was not cured; for according to M. Signoroni, "at the end of nine months he succumbed to a reproduction of the disease."

Professor Syme, [*Contributions to the Pathology and Practice of Surgery*, London, 1848, p. 21,] in the article on "Excision of the Lower Jaw," states that he disarticulated the jaw; but no details are given of the case or of the operation. Moreover the patient referred to is stated by him to have died on the following day.

Mr. Perry's case, related in the *Medico-chirurgical Transactions*, [London, second series, vol. iii. 1838, p. 290,] like that of M. Signoroni, was an extraction of the bone, piecemeal, at intervals, extending over a period of three weeks.

It would be easy to multiply negative facts of this kind; that is to say, to investigate cases where the operation of amputation of the entire lower jaw was not performed; but those I have adduced and commented upon will suffice for my purpose. In reality, my claim to priority, which I now feel entitled to make, is based upon the positive fact that there exists no record, antecedent to my own, of an operative procedure of amputation of the entire lower jaw, performed with success upon the living body.

In regard to that operation, it was performed upon a principle analogous to that which would govern the amputation, in contiguity, of any other member similarly affected by disease. For example, the removal of the upper extremity at the scapulo-humeral articulation, would be preferred to an operation with section of the bone, where the disease was likely to return, if any portion of the shaft or head of the humerus were allowed to remain. As mentioned in the published report of my case, the body, only, of the bone was in a state of necrosis. To be more definite, the necrosis extended to the anterior edge of the masseter muscle of the left side, and some lines farther upon the right side. But, although the necrosis did not extend beyond the body of the bone, the condition of the rami, on both sides was such as to demand their removal. If they had not been removed, they would have remained liable to caries or necrosis, in the progression of the disease; the maxillary muscles having become rigidly and permanently retracted, from the irritation of the disease, would have drawn, by the action of the pterygoid muscles, the ramus of each side upon the bag of the pharynx, and so impeded deglutition; while the immovable position of the rami, occasioned by the permanent contraction of the temporal muscles, attached to the coronoid processes, would, upon the deposition of new bone, have led to increased irritation and danger. Lastly, the dilapidated condition of the patient, together with his inability to endure much longer the torture under which he was laboring, from the irrita-

tion propagated to the ramifications of the third branch of the fifth pair of nerves, lodged in the dental canals, furnished an additional reason for total disarticulation.

In conclusion, I may remark that the patient now, ten months after the operation, is pursuing his vocation as a dairyman, in a state of perfect health. The morbid specimen is deposited in the museum of the New-York Medical College.

May, 1852.

Thompsonianism Legalized.

Acts of the Legislature of South Carolina relating to the Botanical Practice of Medicine, and the Compensation to Physicians for Post-Mortem Examinations.

AN ACT to authorize persons practising Medicine under the Botanic or Thompsonian System, to receive compensation for their services.

I. Be it enacted by the Senate and House of Representatives now met and sitting in General Assembly, and by the authority of the same, That hereafter all persons now practising Medicine, according to the Botanic or Thompsonian system, shall, have the privilege of making reasonable charges for their services, and may sue for and recover such charges before any tribunal having competent jurisdiction. *Provided*, that nothing herein contained shall confer upon any person so practicing such privilege, unless he be a graduate of a legally organized Thompsonian College of Medicine, and shall confine himself to the use or administration of such medicines only as properly belong to, or are embraced in, the Thompsonian system of Medicine.

II. That hereafter all persons now practising, or who may hereafter practice, Medicine or Surgery, and who shall have graduated and received a diploma from any regularly organized Medical College within the United States, shall be entitled to charge, sue for, and collect for their services, in the same manner as the Graduates of the Medical College of South Carolina.

In the Senate House, the fifteenth day of December, in the year of our Lord one thousand eight hundred and forty-five, and in the seventieth year of the Sovereignty and Independence of the United States of America.

ANGUS PATTERSON,
President of the Senate.

W. F. COLCOCK,
Speaker of the House of Representatives.

AN ACT to provide by Law for the Compensation of Physicians for *Post-Mortem Examinations*.

Be it enacted by the Senate and House of Representatives now met and sitting in General Assembly and by the authority of the same, That the following compensation shall hereafter be allowed to any Physician who may be called in by the acting Coroner to make a post-mortem examination, to wit: Where death has resulted from external violence, and where no dissection is required, the sum of ten dollars;—where dissection is

necessary, and no interment has taken place, twenty dollars; for the same, after one or more days interment, thirty dollars; for the same, when any chemical analysis is required, a sum not exceeding fifty dollars, together with the expense of such analysis; and that in every case in which a physician shall be called to any distance beyond one mile, he shall be allowed the mileage usually charged in his neighborhood: *Provided*, That in all cases in which chemical analysis shall be made, the physician who shall make the post-mortem examination shall furnish to the Legislature, with his account, a full statement of such analysis: And, provided, every account presented for services for any post-mortem examination, shall have the certificate of the Coroner, or Magistrate acting as Coroner, that the services were rendered.

In the Senate House, the sixteenth day of December, in the year of our Lord one thousand eight hundred and fifty-one and in the seventy-sixth year of the Sovereignty and Independence of the United States of America.

ROBT. F. ALLSTON.

President of the Senate.

JAMES SIMONS,

Speaker of the House of Representatives.

New Publications.

OBSTETRICS; the Science and the Art. By Charles D. Meigs, M. D. &c. Philadelphia, Blanchard & Lea, 1852.

This is a new and elaborate work, based on a former book by the author published some years since. No man in our country has so magnified his office of Professorship in this department, as has Professor Meigs, and his writings are and must be regarded as the standard of American Obstetrics. He has the attributes of character, moral, intellectual, and professional, which give to his teaching a pre-eminence of which his associates in Jefferson Medical College may well be proud. An elegant and finished gentleman, a profound and classical scholar, a ready and beautiful writer, a chaste and eloquent lecturer, are the acknowledged characteristics of Professor Meigs. Added to which his nice sense of honor, and purity of moral rectitude, give to him a weight of character, in the community where he lives, and an unsullied reputation abroad, such as peculiarly becomes a Professor of that branch of the profession of which he is so eminent a teacher, and of which there are so few examples.

His book will be sought for with avidity all over the country, and will be found superior to the score of foreign reprints which abound in the market, upon which certain Professors have been content to become outriders, or claimed to be translators and editors, while they were indebted to hired proxies for the fictitious reputation thus acquired. We welcome this American text book, by one who is himself an authority, and has earned his distinction by his own merits.

History, Diagnosis, and Treatment of the FEVERS OF THE UNITED STATES. By Elisha Bartlett, M. D. &c. Third edition, revised. Philadelphia, Blanchard & Lea, 1852.

The favor with which this American work has been received at home and abroad, has rendered a third edition necessary to supply the demand, which is an unequivocal evidence of its merits. We need only repeat our high estimate of this book and of its author, heretofore expressed, and direct attention to the improvements of this revised edition, which enhance its value.

PRACTICE OF MEDICINE. By George B. Wood, M. D. &c. Philadelphia, Lippincott, Grambo & Co. 1852.

This great work, of which every American should be proud, as a truly national contribution to practical medicine, has already passed to a third edition, the two former having been disposed of in less than five years. Professor Wood, who is now the worthy successor of the illustrious Chapman in the University of Pennsylvania, has very greatly increased the value of this text book, for such it has become by common consent, by adding all the novelties which recent experience and observation have developed at home and abroad, not overlooking the microscopic contributions to our knowledge, which are of practical value. We cordially recommend this new edition, which is brought out in two volumes 8vo. and in the publishers' best style.

LECTURES on the Principles and Practice of SURGERY. By Brausby B. Cooper, F. R. S. Senior Surgeon to Guy's Hospital. Philadelphia, Blanchard & Lea, 1852.

This is a practical work, by a hospital surgeon of London, whose clinical opportunities for a quarter of a century have been unsurpassed; and who has improved them by an industry and professional ardor, which have given him a world-wide reputation. The publishers merit patronage for so promptly bringing out this valuable work, and thanks for dispensing with an outsider in the shape of an American editor, in a futile attempt to gild refined gold, which service is too often performed by those who only put spots on the sun's disc, that their own image and superscription may be thus distinguished amid borrowed light.

We commend this as among the best surgical works of the present century, its practical character adapting it to usefulness among both students and practitioners.

A SYSTEM OF OPERATIVE SURGERY, based upon the Practice of the Surgeons of the United States, and comprising a bibliographical index and historical record of many of their operations, for a period of 200 years. By Henry H. Smith, M. D. &c. Philadelphia, Lippincott, Grambo & Co. 1852.

It can only be necessary to announce that the THIRD PART of this magnificent work is already issued by the publishers, with a multitude of steel plates, richly colored, to bespeak the attention and patronage it deserves from the profession, and especially from students to whose use it is well adapted. The national character of the work ought to commend it to American physicians, while as a specimen of typography, and especially the artistic accuracy and finish of its numerous colored engravings, it is creditable to the publishers and the country. Dr. Smith has done himself honor by his elaborate preparation of this standard work, which ought to be in every medical library. When completed it will form a true Cyclopædia of American Surgery.

[Our columns being insufficient for a full report of the late Convention at Richmond, we have selected the following extracts, as likely to interest our readers. The list of officers, &c. will be found in the last number.]

[From the Stethoscope, and Virginia Medical Gazette, June, 1852.]

Extracts from the proceedings of the Fifth Meeting of the American Medical Association.

Dr. Hayward presented the report from the committee on prize essays, and broke the seal of the packet containing the name of the author of the essay, entitled "*On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*," and which was deemed worthy of the prize. The author proved to be Dr. Austin Flint of Buffalo, N. Y. to whom the prize was awarded, and the report was referred to the committee of publication.

Dr. Simons of S. C. offered the following preamble and resolutions:

The accumulation of passengers who are emigrants, crowded in ships coming to our shores from foreign ports, having in a great many instances numerous cases of aggravated fever, many of which prove fatal, and likewise producing similar results at the lazarettes, and even cities; the number, likewise, of sick arriving from California, and some of the South American ports, and the fact that none of these vessels are required by law to have physicians or surgeons on board, seems deserving of our attention as conservators of health, and as an act of humanity and duty on the part of the American Medical Association, to bring these facts respectfully to the consideration of congress, and to request its legislation thereon:

Be it therefore resolved, That the American Medical Association do memorialize congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

Resolved further, That a committee of this association be appointed to draw up a memorial to congress, making such suggestions as it may deem fit as regards the importance of this measure.

On the Motion of Dr. Wood of Pa, the resolutions were laid upon the table for the present, but afterwards adopted.

Dr. Storer asked suspension of the regular order, to enable him to bring to the notice of the association a *scurrilous* attack upon him as the chairman of the committee on obstetrics, which he pronounced to be malignant, vindictive and false, and which he would not have noticed had it been directed against him personally.*

The Secretary read the following communication from the New-York Academy of Medicine, which, on motion, was referred to the publication committee and ordered to be printed:

New-York Academy of Medicine,
New-York, April 22d, 1852.

Sir—I have the honor herewith to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New-York Academy of Medicine, held April 21st, 1852.

Whereas the clinics now held at the medical colleges, as at present conducted, are, or may be, tributary to the private interests of the professors at the expense of other and younger members of the profession, depriving them, by an odious monopoly, of *practice and operations*, and often of *fees*, to which they are justly entitled: Therefore,

Resolved as the sense of this Academy, That to prescribe or operate upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinic, is equally unwarrantable and unprofessional, with similar interferences with the patients of another in private practice; and in either case is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these clinics to the private emolument of those conducting them, by transferring patients to their private offices, and thus exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in the city.

The secretary was also instructed to forward a copy of the resolutions to the American Medical Association.

Respectfully yours,

JACKSON BOLTON, M. D.
Recording Secretary.

P. CLAIBORNE GOOCH, M. D.

Sec. Am. Med. Ass. Richmond, Va.

* The Northern Lancet was the vehicle of this scurrility, and was unworthy of Dr. Storer's notice.

Dr. Eve, from the Committee on Nominations, recommended the following officers, for the ensuing year:
For Secretaries—Dr. P. Claiborne Gooch of Va. and Dr. Edward L. Beadle of N. Y.

Committee on Publication—I. Hays of Pa., P. Cl. Gooch of Va., E. L. Beadle of N. Y., Isaac Parrish of Pa., G. Emerson of Pa., D. F. Condie of Pa. and G. W. Norris of Pa.

Committee of Arrangements—F. Campbell Stewart, John Watson, Wm. Rockwell, Jas. R. Wood, Robert Watts, Jr., Alfred C. Post, John G. Adams and H. D. Bulkley, of New-York.

On motion, the Report was received, and the gentlemen named were unanimously elected officers of the Association for the ensuing year.

The chair then announced the following appointments, in compliance with resolutions adopted at the morning session.

Committee on Amendments to the Constitution—Dr. F. C. Stewart of N. Y., Dr. Worthington Hooker, of Conn. and Dr. Rob't H. Thomas of Md.

Committee on Dr. Cox's Resolutions in regard to the Rank of Medical Officers in the Navy—Dr. Sam'l Jackson of Pa., Dr. Jonathan Knight of Ct. and C. C. Cox of Md.

Dr. Green of N. Y. offered the following resolutions, which were adopted:

1. *Resolved*, That at all future meetings of this Association all reports of committees and all contributions on scientific subjects occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis may be read before the Association.

2. *Resolved*, That the above resolutions be transmitted by the secretary to the chairman of each scientific committee.

Dr. Stillé of Pa. moved the following resolutions, which were seconded by Dr. Blatchford of N. Y., and unanimously adopted:

1. *Resolved*, That the elegant, varied and generous hospitality which the Association has enjoyed during its present session, call for its hearty and unanimous thanks, with the assurance that it can never forget an entertainment, unrivalled even among the festivities of the "Old Dominion."

2. *Resolved*, That the thanks of the Association are hereby presented to the Medical Society of Virginia, to the medical profession and citizens of Richmond, to the trustees of the "United Presbyterian church," to the managers of the Danville railroad, and to the several public institutions of this city, for the hospitable care of these bodies to promote the comfort and amusement of the Association.

3. *Resolved*, That the Association returns its thanks in an especial manner to the committee of arrangements for the zeal, intelligence and good sense displayed in performing its numerous and important duties.

On motion of Dr. Rockwell, it was

Resolved, That the committee appointed to memorialize congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

The report of the committee appointed on yesterday

to consider the various propositions which had been made, suggesting amendments to the constitution, being called for, the chairman, Dr. F. Campbell Stewart of N. Y., read a report and resolutions, which Dr. Hays of Pa. moved to refer to the committee of publication, with instructions to print.

Drs. J. K. Mitchel of Pa. and W. Hooker of Conn. discussed the merits of the report, when Dr. Lopez of Alabama raised a question of order as to the propriety of a discussion of the merits of the proposition.

The chair decided that the discussion was in order at this stage of the proceeding.

Dr. Lopez of Ala. appealed from that decision, which appeal was not sustained.

The discussion was then continued at great length by many members.

During the discussion, the following replies were elicited from several gentlemen, by questions propounded by Dr. Watson of New York:

From Dr. Horner, University of Pa.—The shortest term of medical study in the University required for the doctorate was three years, but that under some few and rare circumstances, a deviation had been permitted as an exception.

Drs. Davis and Rogers of Virginia University stated that their laws required no specified time: nine months, and eighteen years of age even, were sufficient, but that two years were generally devoted to the study of medicine by their graduates. They explained the course of instruction at the University at length.

Dr. Huston of Jefferson Medical College, Philadelphia, said that three full years were required, but that occasions demanded sometimes a departure from the stringent rule.

Dr. Frost, from South Carolina, offered some interesting observations upon the much abused subject of medical education, and insisted that the profession had not retrograded. That there had been a steady and gradual improvement in our medical colleges generally, and brought to the notice of the Association the attention which was observed in preparatory education in the medical college of South Carolina, which was highly creditable to the same. His remarks were listened to with attention, and brought forth observations of a like character from other members present.

The report and proposed amendments were received, after having been amended, so as to read as follows: [We omit the report.]

ARTICLE I.—Title of the Association.

This Institution shall be known and distinguished by the name and title of "The American Medical Association." It shall be composed of all the members of the medical profession of the United States of good standing, who acknowledge fealty to and adopt the code of ethics adopted by the association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed by this constitution.

Strike out the whole of Article II, referring to "Members," and insert the following:

ARTICLE II.—Of Delegates.

§ 1. The delegates to the meetings of the Association shall collectively represent, and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state and regularly chartered medical societies; from chartered medical colleges, hospitals and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, he shall be entitled to participate in all the business affairs of the Association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the association one delegate for every ten of its resident members, and one more for every additional fraction of more than one half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of regular members, and one more for every additional fraction of more than one half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this association, shall have the privilege of sending one delegate to represent in the association: *Provided*, That the said faculty shall comprise six professors giving one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery and Chemistry: *And provided also*, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures, (not however to be embraced in the same year,) and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show, by examination, that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the association, notwithstanding that it has not six professors, and that it does not require three years study from its pupils, but only so long as the present peculiar system of instruction and examination practiced by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

Dr. Smith, N. Y. chairman of the nomination committee, reported and offered the following resolution, which was received and adopted unanimously.

Resolved, That the following gentlemen be appointed:

1. *Committee on Medical Literature*—René La Roche, M.D., of Pa., chairman; H. W. De Saussure, M.D., of S. C.; N. S. Davis, M. D. of Ill.; Jacob Biglow, M. D. of Mass.; Ed. H. Barton, M. D. of La.

2. *Committee on Medical Education*—Zina Pitcher, M. D., of Mich., chairman; Austin Flint, M. D., of N. Y.; J. R. W. Dunbar, M. D., of Md.; James McKeen, M. D., of Maine; D. W. Yandell, M. D., of Ky.

Dr. Wilson, of Va. offered the following amendment, which was laid on the table, on motion of Dr. Thomas, of Md.:

The faculty of every chartered medical college, acknowledging its fealty to the code of ethics, and conforming to the requisitions of this association on the subject of medical education as adopted by this association in 1846, and reiterated at its subsequent meet-

ings, shall have the privilege of sending one delegate to represent it in the association; provided that the medical faculty of the University of Virginia shall be entitled to representation in this Association in consequence of its peculiar organization, but only so long as its peculiar system of instruction and examination shall continue in force.

Dr. Wilson gave notice that the above would be called up at the next meeting of the Association as an amendment to the constitution.

Dr. Atlee, of Pennsylvania moved the following, which was adopted:

Resolved, That this Association still recommends to the medical colleges the propriety of lengthening their terms of instruction.

On motion, the following resolution was called up for consideration, and adopted:

Resolved, That the colleges exclusively of dentistry and pharmacy are not recognized by this Association as among the bodies authorized to send delegates to its meetings.

On motion of Dr. Gooch, of Virginia, the two reports from the committee appointed last year to suggest alterations of the constitution, together with that of the committee to which they were referred on yesterday, were referred to the committee of publication, with instructions to print.

Dr. Atlee, of Pennsylvania, offered the following preamble and resolution, which were unanimously adopted:

Whereas it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was "first in peace, first in war, and first in the hearts of his countrymen:"

Be it therefore resolved, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone with an appropriate inscription, for insertion in the name of this Association, into the national monument to the Memory of Washington, now in progress of erection at Washington city.

The chair announced the Committee, to consist of Drs. Jos. L. Atlee, W. P. Johnston, Ro. W. Haxall, Alfred Stillé and Gouverneur Emerson.

Dr. J. M. Smith, of New-York, Chairman of the Committee on Nominations, presented the following Report, which, on motion of Dr. Corbin, of Virginia, was adopted:

The committee of nominations, in fulfilling the duty of their appointment, propose to continue most of the special committees appointed by the association in May, 1851, and to appoint several new special committees: they therefore submit the following list of *chairmen of special committees*, with the subjects to them committed:

1. Dr. D. F. Condie, of Philadelphia—On the Causes of Tubercular Disease.

2. Dr. James Jones, of New Orleans—On the Mutual Relations of Yellow and Bilious Remittent Fever.

3. Dr. R. S. Holmes, of St. Louis, Mo.—On Epidemic Erysipelas.

4. Dr. Charles D. Meigs, of Philadelphia—On Acute and Chronic Diseases of the Neck of the Uterus.

5. Dr. J. P. Jervey, of Charleston, S. C.—On Dengue.
6. Dr. Daniel Drake, of Cincinnati, O.—On Milk Sickness, so called.
7. Dr. A. Lopez, of Mobile, Ala.—On the prevalence of Idiopathic Tetanus.
8. Dr. Geo. B. Wood, of Philadelphia—On Diseases of the Parasitic Organs.
9. Dr. R. D. Arnold, of Savannah, Ga.—On the Physiological Peculiarities and Diseases of Negroes.
10. Dr. Joseph Carson, of Philadelphia—On the Alkaloids which may be substituted for Quinia.
11. Dr. S. D. Gross, of Louisville, Ky.—On results of Surgical Operations for the Relief of Malignant Diseases.
12. Dr. James R. Wood, of New-York—On Statistics of the Operation for the removal of Stone in the Bladder.
13. Dr. Alex. H. Stevens, of New-York—On Sanitary Principles applicable to the Construction of Dwellings.
14. Dr. F. Peyre Porcher, of Charleston, S. C.—On Toxicological and Medicinal Properties of our Cryptogamic Plants.
15. Dr. G. Emerson, of Philadelphia—On Agency of Refrigeration produced through Upward Radiation of Heat as an exciting cause of Disease.
16. Dr. Henry J. Bigelow, of Boston, Mass.—On the best means of making Pressure in Reducible Hernia.
17. Dr. A. T. B. Merritt, of Richmond, Va.—On Cholera and its relation to Congestive Fever—their analogy or identity.
18. Dr. Usher Parsons, of Providence, R. I.—On Displacements of the Uterus.
19. Dr. H. F. Campbell, of Augusta, Ga.—On Typhoid Fever.
20. Dr. Worthington, Hooker of Conn.—On Epidemics of New England and New-York.
21. Dr. John L. Atlee, of Lancaster, Pa.—On Epidemics of New Jersey, Pennsylvania, Delaware and Maryland.
22. Dr. Robt. W. Haxall, of Richmond, Va.—On Epidemics of Virginia and North Carolina.
23. Dr. Wm. Bolling, of Montgomery, Ala.—On Epidemics of South Carolina, Georgia, Florida and Alabama.
24. Dr. Edward H. Barton, New Orleans, La.—On Epidemics of Mississippi, Louisiana, Texas and Arkansas.
25. Dr. W. L. Sutton, of Georgetown, Ky.—On Epidemics of Tennessee and Kentucky.
26. Dr. Thomas Reyburn, of St. Louis, Mo.—On Epidemics of Missouri, Illinois, Iowa and Wisconsin.
27. Dr. George Mendenhall, of Cincinnati, Ohio—On Epidemics of Ohio, Indiana and Michigan.

Committee on Volunteer Communications—Drs. Joseph M. Smith, Jno. A. Swett, Willard Parker, Gordon Buck and Alfred C. Post, of New-York.

Dr. Wood, of Pa. moved that instead of awarding five prizes of \$50 each, annually, that the Association hereafter grant two prizes of \$100 each, for the two best essays. Carried.

The Scalpel and the Obstetrical Munchausen.

This quarterly journal of our city, ingeniously "adapted to popular and professional reading" has obtained a circulation of some 5,000 or more, and as we learn is stereotyped from the beginning with the view to still greater extent and permanence. Of the ability with which it is conducted there can be but one opinion, and yet the savage ferocity of some of its criticisms, albeit sometimes merited, are not relished by the luckless parties upon whom the long fingers and sharp instrument of the editor are employed in his dissections. Dr. Dixon often makes his wish to be "parent to his thought," and allows his imagination to outstrip his judgment and even over-ride his facts. Still, while we give him the claim that he "nothing extenuates," or "sets down aught in malice," we altogether object to the application of his big Scalpel to our little Gazette, which we hoped would escape from its comparative insignificance among the "big fish" as he facetiously styles his victims.

The only redress we can take however, is to place him before our readers, by the following specimen selected from the last number, and which is characteristic of the pages of the Scalpel.

THE BATRACHIAN PROFESSOR; HIS GREAT OBSTETRICAL DIAGNOSIS!

"Batrachia—n. pl.—Animals of the Frog kind, including Toads, Salamanders, and other Reptiles, having a naked body, with two or four feet."—Webster.

"A class of animals who exist by swallowing and puffing out—wind."—Ed. Scalpel.

In order to come strictly under Webster's definition, our friend, the Phenomenon, would require to disencumber himself of his garments; this, he would probably do, with the same facility he gets quit of his veracity and modesty, were it necessary to attract students. It answers his purpose better, however, to denude his unfortunate female patients; to which we earnestly recommend the attention of the Grand Jury The University Medical Department have just graduated ninety-eight out of their hundred students! and the everlasting little frog has been puffing away, as usual on the auspicious occasion. We had not the honor of forming one of the audience, but suppose his oration was, as it always had been, composed of those of the five preceding years, curiously re-arranged, and suitably interlarded with pickings and stealings from Southwood Smith, and Lawrence on Man. [See old files of the *New-York Herald*.] The same blessed old gray-headed daddy was sitting at his garden gate and a terrible tedious time he's had on't (we hope he goes in o'nights, if his hopeful don't) to welcome his dutiful progeny on his return from the "great practical school," and its obstetrical Munchausen. To our knowledge he has been sitting there for the last ten years past, conning over the glory and its cost, of having a sheep-skinned son. God pity thee, old man; he would have served his country better; hadst thou left his calf skin on him, and thy farm unmortgaged. It is pitiable to see honest labor and the soil thus defrauded of its rightful inheritance. We feel that we shall merit well of our country, if we expose the tithe of this evil.

An interesting anecdote is just out, regarding our little batrachian obstetrical Dubois, that is too exquisite to be lost. The daughter of a distinguished divine, receiving a very sudden warning of the necessity of the attendance of her chosen accoucheur, the alarmed household, during the husband's absence, with the usual disregard of trouble to the unfortunate brethren, sent for three of them, including the Phenomenon! He was, being very spry, the first to arrive, and having performed the services necessary for the introduction of the little darling into this sinful world, he assured the second brother Esculapian that arrived, that he gladly resigned the patient into his hands, because he had another very difficult case on hand (he always is in trouble), and could not wait for the expected duplicate to gladden the heart of the astonished newly made mother. Assuring his younger brother that the event

would undoubtedly occur, he departed, leaving him in charge. Our young friend, having scientifically discharged the necessary duties anticipatory of such a consolatory event, assured the astonished and gratified young husband, who had meanwhile arrived, that his professional skill *might* be at fault, but that he was quite sure his proud paternal efforts were not destined to be thus rewarded. Meanwhile, the venerable gentleman who had permanent charge of the family, appeared, and corroborated our young friend's assurance. The lady was blessed with the usual complement of offspring, and all are, of course, thoroughly satisfied of the great skill of our little batrachian friend! Whilst we have this distinguished little gentleman on the hook, we take occasion to assure our professional readers, having received the information directly from the lips of the eminent consulting surgeon, as well as the amiable and accomplished physician to whom the patient actually belonged, that our voracious little friend *did not perform the operation for vaginal hysterotomy that he has so often published!* It was actually done by the surgeon himself, after our batrachian friend had in vain attempted it, making the incision vertically to the plane of the abdomen, and then ineffectually attempting to apply the forceps! Both the incisions were made, and the forceps applied, by Dr. Valentine Mott, Senr.!

[We suggest a correction in the last line, for, as we learn by authority, the *forceps* were not applied by Dr. Mott, who allowed his junior to do this, after he had himself performed the operation, which has been trumpeted through the land by Dr. Bedford, as his own!]

New-York Academy of Medicine.

The last two meetings of this body have been occupied chiefly in the discussion of the pathology and therapeutics of Croup, a subject which called forth a very general expression of opinion. Remarks were made on the first evening by Drs. Bachelder, S. C. Foster, Stone, Buck, Detmold and others, of an interesting and practical character. And at the last meeting the subject was still farther discussed by Drs. Francis, Bliss, H. Green, Detmold, Reese, and others.

Dr. Elder read a memoir of the late Dr. James Cameron, which was ordered on the file.

Dr. S. P. White presented a pathological specimen of cardiac disease, with ossification of the valves; together with a history of the case. There was a better attendance of fellows than usual, and several new members were elected.

Lectures on Operative Surgery.

BY J. M. CARNOCHAN, M.D. P.

SURGEON TO THE STATE EMIGRANTS' HOSPITAL, ETC.

[Reported by H. Hensley, M.D.]

On Lithotomy.

[Continued from p. 148]

The operation of Lithotomy is not terminated with the incision into the bladder. The seizing with the fore-

ceps and the extraction of the calculus itself are, at times, attended with difficulties, which, if not overcome with expertness, lead to irritation upon the mucous coat of the bladder, and thus the chances of recovery of the patient are diminished. We have also to contend against the emergencies which may occur during the operation, and against the consecutive accidents, with the management of which we must be well conversant.

I shall now repeat upon the *cadaver* the different steps of the bi-lateral operation, as you have recently seen it performed upon the adult patient. You will thus have impressed upon your minds the operative procedure of cutting safely into the bladder, by the double section of the prostate; the incisions, however, you will bear in mind, being confined within the limits of the circumference of the gland.

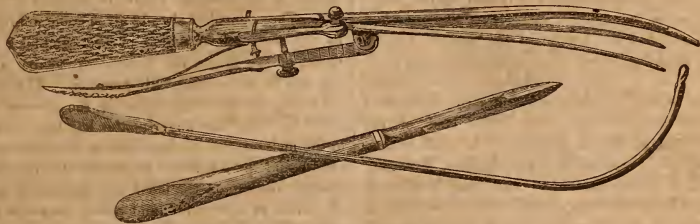
The credit of thus cutting into the urinary bladder, for the extraction of calculus, is by some accorded to Celsus. But his description, beyond his instructions for the primary incisions, is too ambiguous to sanction this construction. Le Dran was probably the real originator of the operation of Lithotomy by the double lateral section of the prostate. Chaussier and Bécларd also advocated this operative procedure; but its mode of performance was not systematized, nor were its different details laid down with precision, until treated of by Dupuytren.

Various instruments have been devised for cutting the prostate, so as to effect the section of both lobes from the urethra, in the direction of the transverse or oblique radii of the gland. Some of these special instruments divide the gland, by thrusting forwards the cutting part, through its substance; while others are passed into the bladder, the blades enclosed within a sheath. The blades are unsheathed by the action of a mechanism, placed towards the handle of the instrument; and the prostatic section is effected in the act of withdrawing. Here is a bi-sector of the class first mentioned, brought into vogue by the late Dr. Bushe of this city. Here is another, shaped like an olive, and cutting while being thrust forward into the bladder, used by Dr. Stevens, also of New-York. There is the prostate-tome of Sir Benjamin Brodie, and here are some other similar instruments, of whose paternity I am not aware. These instruments, as you may see, have a blunt beak at the convergence of the two cutting edges. The beak is slid along the groove of the staff into the bladder, and the prostate is incised. Some of them cut the prostate, on each side of the urethra, directly outwards; others effect the section on the posterior oblique radii of each side.

Of the class of instruments which divide the lobes of the prostate, while they are being withdrawn, you have here a model in the *lithotome caché*, the blades of which open transversely, so that, by them, the lobes of the prostate can be cut on the radii of the gland, directly outwards; while here, again, you have the *lithotome caché double*, of Dupuytren, which makes the bi-lateral section of the gland, by cutting from the urethra down-

wards and outwards on both sides, in the direction of the posterior oblique radii. Of all the instruments in use to divide the prostate by the bi-lateral section, I consider this to be the best. Its mechanism is somewhat complicated, but you will easily understand the

mode of action, by inspecting the instrument I now hand you to pass round. It is the instrument of Dupuytren modified by Charrière of Paris, and is that which I shall use in the operation upon the cadaver, which I am about to perform.



The Lithotome caché double—unsheathed.

The double edged bistoury.

The Staff—grooved on the convex surface.

The instruments essentially required to effect the section into the neck of the bladder, consist of a double edged bistoury, sharp, however, on one edge, for about two-thirds of an inch only from its point, and provided with a handle stronger and larger than that of the ordinary bistoury; and of a staff with the groove upon the middle of the convex surface of the curved part of the instrument, and ending towards its beak, in a kind of *cul-de-sac*; and of a *lithotome caché double*. To these instruments, essential for the cutting part of the operation, must be added several calculus forceps, straight, curved, and of various sizes; a curette or scoop, and gorget; an eight ounce syringe, the pipe of which should be some six inches in length, terminating in the shape of an olive; forceps, needles, and tenacula for securing arteries; and a hollow tube of gum-elastic, simple, or covered over with a thin layer of compressed sponge, or a metallic tube, furnished with a bag of muslin, to be used as a compressor upon bleeding vessels, when passed into the bladder through the wound. Narrow bands, six or eight yards in length, for securing the patient, and a four ounce bottle of chloroform or sulphuric ether, will complete the necessary preparations.

The instruments thus selected, all of which are here presented for your inspection, are, for the sake of convenience placed upon a small portable table or tray, covered with a towel. The surgeon should himself arrange them, so as to know where each is to be had, and the whole should be so placed as to be within the reach of his right hand during the operation. The perineum having been shaved, the rectum emptied previously, and the patient placed and secured as heretofore directed, the assistants properly arranged, and anaesthesia having been produced, the operator now introduces the staff, after the manner of using the sound, and again searching for the calculus, reassures himself of its presence in the bladder. The staff is then entrusted to an assistant, placed upon the left side of the patient, with instructions to maintain the instrument steadily and in a vertical position in the median line, while, at the same

time, he elevates and supports, with the other hand, the scrotum and testicles. The operator now seats himself on a firm chair or stool, of suitable height, directly in face of the perineum of the patient. Resting the thumb and fingers of the left hand upon the perineum, so as to make tense the tissues to be incised, he holds the bistoury firmly in his right hand and enters the instrument on the right side of the perineum, at a point situated midway between the anus and the tuberosity of the ischium. From this, the incision is carried across the median line, in a semilunar direction, passing in front of the anus, at a distance of about eight lines, and extending backwards and outwards, so as to terminate on the left side of the perineum, at a point corresponding to that at which the incision was commenced. This incision divides the integuments, the subcutaneous cellular layer and superficial fascia. The anterior fibres of the sphincter ani muscle and some adipo-cellular tissue are next divided, and the finger now passed to the bottom of the wound, meets the dense and resisting structure of the deep perineal aponeurosis, or the posterior layer of the triangular ligament. The knife traverses this structure and the staff can be distinctly felt through the wall of the urethra. During these preliminary incisions through the bulbo-rectal triangle, the edges of the bistoury must be directed with care, so as to avoid lesion of the bulb in front, or of the rectum behind; the fore finger of the left hand being also used to protect the gut. The membranous portion¹¹² of the urethra now reached, the index finger of the left¹¹³ hand, its radial border turned downwards, is placed ^{beside} the staff so that the left lip of the groove shall lodge in the space between the pulp of the finger and the nail. The nail thus placed, leads the bistoury directly into the groove of the staff, and the membranous portion of the urethra is opened. This opening is enlarged carefully, forwards and downwards, to the extent of about four lines. The bistoury is now laid aside, and the *lithotome caché double*, set according to the desired extent of the prostatic incisions, is taken up by the operator. The beak of the lithotome, the con-

vexity of the curve turned downwards, is directed by the nail of the left index finger through the lower part of the opening made into the membranous portion of the urethra, so that it shall come in contact with the groove of the staff.

This being ascertained with certainty by the sensation imparted of two metallic surfaces striking together, the operator takes the handle of the staff in his left hand, and assuring himself that its extremity has fairly entered into the cavity of the bladder, to the distance of an inch or two, he elevates or lifts the instrument towards the arch of the pubes. The beak of the lithotome engaged in the groove of the staff is then pushed along the groove into the bladder, following the direction of the curve of the staff. Without moving the lithotome, the staff is slightly withdrawn, and the beak of the lithotome coming against the *cul-de-sac* of the groove, establishes beyond doubt the entrance of the instrument into the cavity of the bladder. The beak of the lithotome is next disengaged from the *cul-de-sac* of the groove, and the staff is entirely withdrawn. This done, the lithotome is turned half round on its axis, so that the concavity of its curve shall regard the anus. The instrument is now seized, with the left hand, where the blades join the shank; while, with the right hand, the lever which gives the movement to the bladder is pressed firmly towards the handle, so as to cause the blades to start from their sheath to the desired extent. The lithotome is now withdrawn steadily and firmly, a slight depression being given to the handle of the instrument during its progress outwards. Both lateral lobes of the prostate are thus divided from the urethra, downwards and outwards, in their inferior oblique diameters. The larger arteries of the perineum, such as the artery of the bulb, and the internal pudic artery, are not in the way of the blades of the instrument when properly directed. There is consequently, as a general rule, but little hemorrhage after the incisions are completed. This you may have observed in the operation on the patient in ward No. 7. In that case, not over an ounce of blood issued from the wound, although the incisions were ample enough to admit of the transit of a calculus eighteen lines in diameter. A quantity of urine, or of the fluid which may have been injected, gushes through the wound, after the deep incisions are completed.

Having cut into the bladder, the next step in the operation is the extraction of the calculus. This is not always so easily accomplished as might be supposed. The calculus may be single or associated with others; or there may be numerous small calculi; or the stone may be irregular and of unequal diameters, so that it can pass through the aperture in the neck of the bladder, only when the smallest diameter is presented; or it may be large and friable, or large and hard; or it may be encysted in some part of the inner wall of the urinary reservoir. As soon as the lithotome is withdrawn, the fore finger of the left hand is forthwith

passed into the bladder, through the wound; and in doing this, the extent of the incision is ascertained. If the perineum be not of unusual depth, and the prostate not very much enlarged, the extremity of the finger can now feel the calculus, which will in general be found lodged in the posterior fundus or *bas-fond* of the bladder. The sound has already given some information as to the size and formation of the calculus; but, by means of the finger, the dimensions, shape, and position can be ascertained with precision. This done, the next step is the introduction of the forceps into the bladder. The fore finger of the left hand still resting in the incision, the forceps, held in the right hand, the thumb and the last finger embracing the rings, and the handles resting on the index, are presented, closed, to the orifice of the wound, and passed into the bladder, along the left fore finger, which serves as a guide; the convex surfaces of the blades being made to regard the lips of the incision. The forceps having entered the bladder, are gently moved about, still shut, in search of the calculus, which, as has just been said, generally lies across the posterior fundus. Touching the upper surface of the calculus, the blades are made to pass downwards along its lateral aspect, so that one of them shall rest with its convexity upon the inner surface of the *bas-fond* of the bladder; while the convexity of the other blade shall look upwards. The spoons or bladder of the forceps are now opened to the proper extent. The lower blade, resting on the fundus, is maintained stationary, while by a slow and dexterous rotation, the upper blade is made to describe an arc over the calculus, and pass to the opposite side. The calculus is now between the blades of the forceps, and can easily be seized.

The calculus once grasped between the blades of the forceps, its extraction has to be effected. The direction in which the extracting force has to be exerted, in some instances, requires attention. When the calculus is large, the relative position of the neck of the bladder and of the prostate gland to the bones of the arch of the pubes, and to the triangular ligament, must not be overlooked. When the calculus is small, it is extracted with facility, by the operator withdrawing the instrument directly towards himself. When, however, the stone is large, the extracting force used must be exerted in the direction of the axis of the outlet of the pelvis; and the handles of the forceps must, consequently, be slightly depressed; the blades of the instrument, if necessary, being at the same time, alternately elevated and depressed. If the section of the prostate and the external incisions are free enough, traction used in this manner enables the stone to pass without any difficulty. But the calculus may be seized so that the largest diameter is presented to the internal orifice of the incision. In that case, the fore finger, slid along the branches of the forceps, may be used advantageously to change the mal-position of the stone; or this last can be released

from the grasp of the forceps, to be again seized in a more fitting position. The use of the forceps embraces then three different manœuvres. You have first to introduce them into the bladder, next to seize the stone; and lastly to effect the extraction.

When the smallest diameter of the calculus much exceeds eighteen lines, we cannot expect, regard being had to the limits of the prostate, to effect its removal by the oblique bi-lateral section, without contusion and laceration of the lips of the incision. In fact, the section of the prostate, as effected by the *lithome cache double* of Dupuytren, consists in cutting the tissues of the gland, in the direction of the posterior oblique radii of both lobes; each radius measures about twelve lines in length; the upper part of the circumference of the urethra measures about six and a-half lines; and the triangular flap, resulting from the section, folds, outwards and downwards, on a base about eighteen lines in extent. These several measurements added together, give a perimeter of about forty-eight lines, or four inches; and the opening will, consequently, admit of the transit of a body, the shorter diameter of which does not exceed one-third of four inches, or sixteen lines; that is to say, making no allowance for the dilatability of the parts.

As to the force which may be safely used, during the extraction of a calculus from the bladder, to overcome such resistance as may be encountered, prudence will not sanction, under any circumstances, the application of greater power than would be required to lift from the ground a body weighing from thirty-five to fifty pounds.

The calculus, during its course outwards, may slip from the forceps. When this occurs, it is sometimes found difficult to regain possession of it with the blades. The instrument I now show you, known as the *curette*, may here be used with advantage, to hook out, as it were, the calculus: and it may also be servicable for the removal of small fragments or detritus remaining in the bladder, after the calculus itself has been extracted.

After the extraction of the calculus, the fore finger should again be introduced into the cavity of the bladder, to examine if there be other calculi present. As a preliminary, it is usual to examine the surface of the calculus just removed, in order to gain information as to the existence of others; a smooth surface, with *facettes*, indicating, one or more remaining stones; while a rough surface would show that only one calculus had been present; but, although it may be well to examine the surface of the calculus, when extracted, as well for this end as also for the purpose of ascertaining whether fragments have been broken off by the action of the forceps, or otherwise, nothing short of examination with the finger, or if that be not possible, by reason of the depth of the wound, of exploration with a gorgemet, will satisfy the cautious operator.

These various means having been employed to

ascertain that the cavity of the bladder does not contain another calculus, the pipe of a syringe, filled with water heated to the temperature of the body, is carefully inserted through the wound into the bladder; and the piston being then steadily pressed, a jet of water will be thrown into its cavity, with force enough to clear away any sabulous particles that may have remained. The operation is now ended, and the patient is allowed to recover from the anaesthetic effect of chloroform, if this has been administered.

The patient must now be removed from the table to the bed, the mattress of which should be covered with oil-silk, or indian-rubber cloth. By taking this precaution, the bed will be protected from the dribbling of urine from the wound, and the comfort of the patient greatly promoted.

Some surgeons here introduce a short gum elastic tube through the wound, to facilitate the egress of the urine, and to prevent its infiltration into the lips of the incision, or into the surrounding cellular tissue. This practice is judicious, can be exercised without inconvenience, and should not be neglected. The tube should be retained for at least forty-eight hours, until the surfaces of the incision have become glazed over with plastic effusion.

The complications attendant at times upon the operation, and the consecutive accidents, will next claim our attention. I shall also, in my next lecture, explain to you the different modes of performing the lateral operation, so called, and in doing so shall repeat upon the *cadaver*, the operation as modified by Mr. Liston, which you have recently seen performed with success upon the living subject.

[To be continued.]

The Medical Times for June

Has a report of a case of blundering diagnosis, and worse treatment, which is said to have occurred in *some* July, but in what year, the deponent saith not. It is obviously an *old* case, for several years have elapsed since the duplicate reporters were together in the hospital. One of them calls himself "*Physician* to the Bellevue Hospital," as though he were the only or chief, while he is only *one of the dozen* Attending Physicians; but it sounds big abroad, albeit it savors of arrogance. The other calls himself "*late House Physician*," which he was not, but only another of the *Assistant* Physicians to the former Resident as long ago as 1848. This "*case of Tubercle and Pneumonia*," is therefore, at least, four years old, and seems to have been hunted up for publication in the absence of any thing better or newer. We are sorry to find the reporter placing himself in so sorry a plight, since we know him to be every way superior to the patron, whose protege he consents to become, in this second-hand journey-work, which is altogether beneath him.

The case moreover is one which, for the credit of the craft should not have been exhumed, unless there

is mischief in it, and intended to show that the much vaunted "physical diagnosis" failed to detect "*serious effusion in both pleural sacs, both lungs filled with military tubercles, right lung in second stage of pneumonia, and old vomica in the summit of both lungs.*" Vive the "Professor of Physical Diagnosis!" These revelations were made after the patient was dead! We could wish for our contemporary, better, or at least less *superannuated* reports. If, however, similar reminiscences are desirable, we would gently hint that more of the same sort may be had from the same source. Let him call for some of those numerous diseases of the "mitral valves," "hypertrophy, dilatation, ossification," and other cardiac mischiefs, or those cases of gangrene, emphysema, &c. of the lungs, all of which used to be shown up to visitors and demonstrated to students who were *green*, while the patients were alive; but which evaporated before they reached the dead house, and could not be found to sustain the diagnosis, so skillfully made by the physical signs. The wonderful discoveries in diseases of the kidneys, by the urinometer, the tubes, the lamp for boiling, &c. by which the hospital used to be filled with the vapor of the urine, in detecting urea, sugar, &c. would furnish a chapter of "nick-nacks" in this department, if the professor can induce any body to report the diagnosis marked on the card over the patient's bed, in contrast with the humiliating revelations of the dead-house. But "let bye-gones be bye-gones" we say, and hence we regret the resuscitation of this old case.

Specimen of Advertising Doctors, fresh from the University of the City of New-York.

Bellevernon, Pa. June 5, 1852.

DEAR SIR,—Enclosed you will find a card of a man calling himself Dr. Goucher, which will show you how Quackery in the West is encouraged by the influential members of the regular Faculty in the East. Whether these references are genuine or not is a mystery. The fact you can use as seems most proper. I cannot think Bedford and Draper would so undignify their reputation.—"So mote it not be."

Yours most truly,

DR. D. M. REESE. JNO. S. VANVOORHIS.

**MEDICAL NOTICE.
German Eclectic Practice.**

DR. J. GOUCHER, of the University of New-York, and graduate of the Eclectic School of Cincinnati, has located himself at Monongahela city, Washington county, Pa. on Main-street, below the pike, opposite Patterson's carriage factory. He is prepared to perform every kind of Surgical operations, club feet, cross eyes, hare lip, tumors, tonsils, ulcers, cancers, and fistulas of every variety and rupture; and treat every phenomenon of chronic disease, also of the eye and ear, as well as every species of disease peculiar to the West, having practised several years in that region.

REFERENCES.—Profss. Mott, Bedford, and Draper, New-York.
Terms cash.

J. GOUCHER, M. D.

Monongahela city, May 21, 1852.

**Distinction between Contagion and Infection,
QUARANTINE.**

[By the politeness of Dr. Wells, the resident physician to our Board of Health, we have received two pamphlets by Dr. Gavin Milroy, of London, in relation to Quarantine, Cholera, the Plague, &c. from which we design to make extracts, which cannot but be useful and timely. The following possesses very great claims upon the attention of the profession.]

1. There are certain maladies which can only be transmitted or communicated, when either the diseased part in the sick person, or matter taken from it, is brought into immediate contact with the body of a person in health. To this order belong the Ringworm of the scalp, the Itch, Syphilis and Gonorrhoea, Cow-pox, (in man at least,) Hydrophobia or Rabies, &c. These maladies are incapable of contaminating the atmosphere; and persons, for aught that we know to the contrary, might remain for days and weeks in the company of patients affected with any one of them without the risk of catching the disease, provided all contact, direct or indirect, be cautiously avoided. It is to this order of diseases that the term *contagious*, i. e. communicable by *contact*, should be strictly limited.

But there is a distinction between the members of this order that requires to be kept in mind. In some, the mere contact of the morbid matter with the external surface of the body of a person in health, is sufficient to produce the disease in the latter. Such is the case with the Ringworm and the Itch. In others, the matter must be applied either to the skin deprived of its epidermis by abrasion or incision, or else (what is nearly equivalent to this) to a mucous surface.—There is no reason to believe that the virus of Cow-pox, or even Hydrophobia, would affect a person, if there be no injury of the skin of the part to which the poisonous matter is applied—in other words, unless it be *inoculated*; and we well know that the syphilitic gonorrhoeal poisons are inocuous, except when brought into contact with a mucous surface.

The distinction now alluded to is not without its practical bearings, as we shall see when we come to consider the mode or modes in which the Plague is said to be propagated. To say that inoculation is nothing more than mere contact, would be about as rational as to assert that the process of grafting consists simply in applying the branch of one tree to the trunk of another.

II. The second order of transmissible or communicable diseases contains those which are propagated by the atmosphere, around a patient, becoming infected or contaminated by a peculiar effluvium or miasm which emanates from his body, and which being inhaled into the lungs—and admitted, it may be, at the same time into the stomach—of a person in health, has the property of inducing like symptoms in him. Here there is no palpable or substantial virus, as in the former case, that can be directly transferred from one individual to another, either by simple contact, or yet by inoculation; at all events, the effluvium or morbid miasm is not appreciable by any of our senses. All that we know of it is from its effects; for we find that, when an individual in health remains for some time in the immediate neighborhood of a patient laboring under such a disease, he is liable to become affected with it, although there has been no contact with, nor even any close approximation to, the sick person. Moreover, there is every reason to believe that the disease would never be communicated by mere contact with the patient's body, if it could be so arranged that the person, on whom such an experiment was made, did not inhale the contaminated atmosphere.

Hooping-cough and scarlatina are examples of this order of communicable or transmissible diseases. They propagate themselves by *infecting* the atmosphere; hence they are properly called *infectious*, in contradistinction to the former order, which are termed *contagious*. In the French Report, the expression "*miasmatic infection*," is generally used to designate this mode of transmission.

Some writers indeed, men too of acknowledged ability, have objected to the distinction now made between contagi-

ous and infectious diseases, on the ground that infection (in the sense we have used it) is nothing more than a mere variety, kind, or peculiar mode of contagion. In both sets of diseases, they say, there is the application of a morbid matter to the body of a person in health; the only marked difference being that, in the one case, the poison is cognisable by our senses, and, by being applied to one point of the body, in general excites the disease primarily in that spot; whereas, in the other case, it is diffused through the atmosphere and is imbibed into the system, over a much larger surface, by the lungs, and, it may be, also by the skin, and even the stomach. In both cases, therefore, there is contact. Now, we are not at all disposed to deny the logical accuracy of the objection; and were the question before us one of mere theoretical or technical interest, we might be inclined to admit its validity. But, when we come to look at it in a practical point of view, and more especially to consider it in reference to measures of prophylactic treatment, we shall at once perceive the importance of distinguishing such diseases as are *simply and only contagious*, from those which are *simply and only infectious*. It is surely unnecessary to adduce examples to prove the truth of this remark. Suffice it to say that no prudent mother would be satisfied with the same precautions to prevent the spreading of Hooping-cough in her family, as with those she used to prevent the spreading of Ringworm. And need we remind our readers how much cruel suffering, as well as vexatious annoyance and extortionate expense, might be annually spared, if the difference between infection and contagion were always recognized in the lazarettos for the Plague?

The miseries that have been so long, and still are, inflicted on thousands from the almost universal and exclusive adoption of the notion that the Plague is transmissible by contact alone, are only to be equalled by the ridiculously absurd puerilities of which it has been the prolific source.

Before quitting the subject of *infectious* diseases, we must call the reader's attention for a few moments to a circumstance connected with them, which has hitherto been far too much overlooked by most writers on this important theme of medical inquiry. It is simply this: Whenever a number of human beings, even in a state of health, are cooped together in a narrow, ill-ventilated space, the air gradually becomes so contaminated by the effluvia given off from their bodies, that, in the course of a more or less limited space of time, Fever will almost inevitably make its appearance among them; and this fever, so generated, will often be found to exhibit infectious properties, if the sick are not removed to a more wholesome and airy locality. Something of this sort was observed in the case of most of the twenty-three survivors of that dreadful night, when upwards of one hundred and forty human beings were shut up in the Black Hole at Calcutta. We have daily illustrations of the same fact, in what takes place on board of troop and slave ships, in jails, crowded penitentiaries, and so forth.

If such, then, be the case with persons in health, can we wonder that the effluvia from the bodies of the sick must be still more poisonous and contaminating? If any one has a doubt upon this score, let him walk from the open air into the ward of a hospital, when all the windows have been closed for a time; a sense of nausea and oppression, accompanied not unfrequently with actual shivering, are often immediately experienced.

Now, it is in the way we have just mentioned that various maladies, which are certainly not primarily or essentially infectious, are apt to become so in impure and badly ventilated situations, more especially when many sick are crowded together. The infectiousness is not a necessary quality of the disease—it is an accessory or contingent attribute. Various forms of flow or typhoid Fever, Erysipelas, Dysentery, Angina, &c. may be mentioned as affording not unfrequent examples of the phenomenon in question. The consideration of this subject teaches us two important lessons. In the first place, it inculcates the imperious necessity of thorough cleanliness and free ventilation, wherever a multitude of sick persons are congregated together; and in the second, it exposes the absurdity of the disputes which have so often taken place about the infectiousness or non-infectiousness of several dis-

eases. We shall have more than one opportunity of reverting to this topic as we proceed.

What has been observed in the case of human beings, holds equally true in that of the lower animals. Disease is always liable to break out among cattle, when they are crowded together in close and filthy sheds or covers. Some of the best writers on veterinary medicine have asserted that the mere detention of many horses together—especially when these are of an inferior breed, and their food is of bad quality—in-stables that are foul and offensive, or on board ships, is in itself sufficient to engender the Glanders; a disease which, when once developed, is not only exceedingly apt to spread to other horses, but is even liable to infect human beings.

III. We have seen that some diseases are transmissible only by direct contact with the sick, or with a palpable virus or poisonous matter derived from them, and others only by the atmosphere becoming infected with the effluvia given off either directly from the bodies of the sick, or, it may be, from articles of dress, &c. which have become deeply impregnated with such effluvia. Now there are certain diseases that are capable of transmission in both of these ways. Small-pox is, as every one knows, of this number; so is Measles, according to the views of many physicians; so is Hospital Gangrene; and so is Glanders in the horse. We might add two or three more to the list—but they are of more questionable authenticity. Might not the appellation of *contagio-infectious* be given to this order of transmissible diseases? If any more appropriate epithet, that will better indicate the two-fold mode of transmission, be proposed, we shall gladly make use of it.

It deserves to be noticed that, in all *contagio-infectious* maladies that we are well acquainted with, the simple contact of the morbid matter with the uninjured cutaneous surface is not sufficient to communicate the disease; the matter must either be inoculated, or else be applied to a mucous surface, for its contagious effects to be produced.

These few remarks on the modes in which certain orders of diseases are transmissible from one person to another, we earnestly recommend to the reader's considerate attention; otherwise he might not be able to judge aright of some of the most important questions, connected with the propagation of the Plague, to be shortly brought under his notice. All that we shall say at the present moment respecting this hitherto ill-understood disease is, that it has been declared by one—and by far the most numerous—party to be *contagious*; by a second party, to be *infectious* but not *contagious*; and, by a third party, to be *contagio-infectious*. The solution of this question is the paramount object of our inquiries; but, before we proceed further, there are two or three other terms that require a brief explanation.

Those diseases are called *Endemic* (*in* *in*, and *ague* *a* *people*), which are in a great measure limited to certain localities, and are attributable to peculiarities of soil and atmosphere, or of the food, habits, &c. of the people in these localities. Ague is endemic in Lincolnshire and other marshy countries; Remittent Fevers and Dysentery in all tropical regions, near swamps and rivers; the Plague is endemic in Egypt, and the Yellow Fever on the West Coast of Africa; Typhus in the filthy and crowded parts of all large cities; Bronchocele in Derbyshire, and Cretinism in some of the valleys of the Alps; Pellagra in Lombardy, and Elephantiasis in Barbadoes. We might adduce many other examples; but these are sufficient to give an idea of what is meant by the term endemic. "Indigenous," and "of spontaneous growth or development," occasionally used in the following pages, are equivalent expressions.

As endemic diseases are owing to the operation of more or less permanently existing local causes, it must be obvious that it is only by a patient being withdrawn, at a sufficiently early period, from the sphere of such operation that he can rationally hope to be cured. If he persist to remain in the offending locality, his malady will inevitably be aggravated. Change of residence, therefore, is the *sine qua non* in the successful treatment of almost all endemic diseases. For the same reason, if the local causes themselves be gradually removed, this order of diseases ceases to be generated. Thus many districts, that used to be the seat of intermittent fevers,

have been in course of time rendered quite healthy by efficient draining. Such has been the case about Lambeth and some parts of Westminster—the neighborhood of the Marshgate, for example. In short, the prevalence and severity of endemic diseases are generally inversely proportionate to the territorial improvement of a country, and to the increased civilization and social comforts of its inhabitants.

The term "Epidemic" (*επι upon, εως an people*) is used to designate those diseases which prevail for a limited period, and generally at particular seasons, over a wide extent of country and often attack a large number of the inhabitants at the same time, then subsiding of their own accord until they entirely cease for the season. The causes of the appearance and disappearance of epidemics are little, if at all, understood. Some epidemics are of the endemic class of maladies, such as Typhus, Yellow Fever, and the plague; others are not, but of more universal development, such as Small-pox, Measles, and the other Exanthemata. Their outbreak is often sudden and widely extended, spreading alarm and desolation around; they are then called *pestilences*. A pestilence may be transmissible; but it is not necessarily so. At all events, its diffusion is obviously not dependent upon such a slow and gradual process as infection or contagion. It does not creep from person to person in its onward course, but it seems to travel on the wings of the wind. Hence we read in Scripture of "the pestilence that walketh by noon-day and the arrow that flieth by night;"—how beautiful and how true; it walketh by day, but it flieth by night; for its attacks are then always the most numerous and the most severe. Every one knows the fine description which Homer has given of the nine-days' pestilence in the Grecian camp, when the arrows of the angry God (*ουκετι ειπικας "gloomy as night"*) spread havoc among man and beast.*

Not less expressive is the image employed by the noble poet in his famous lines[†] on the destruction of the host of Sennacherib, when

"The angel of death spread his wings on the blast,
And breathed in the face of the foe as he passed."

An old man in Persia said to Dr. Lacheze, who was questioning him about the plague, and its mode of diffusion, that it will often break out in spite of the most complete isolation; "for," added he, "the disease may light upon a house as a bird lights upon the branch of a tree." Most true; we know not whence the secret foe cometh; it is like the wind, it bloweth where it listeth.

The ancient physicians very properly confessed their ignorance of the cause of Epidemic diseases; they recognised a something mysterious—*το ουναι quid dicimus*—in them which they could not fathom. All that we can say is, that in some years and seasons, the atmosphere appears to become charged with a noxious influence, causing or promoting the diffusion of certain diseases, which, in other years and in other seasons, are *sporadic*, i. e. sparse, scattered, or which only occur here and there. This occult state of the atmosphere is technically called an "epidemic or pestilential constitution," and the locality where it prevails is said to be an "epidemic or pestilential focus," or a focus of pestilential infection." As these terms occur frequently in the following pages, it is necessary that their meaning be well understood.

Notwithstanding that Epidemic diseases are not, like Endemic, dependent for their origin upon local causes, it must be borne in mind that their malignancy, and perhaps their duration also, are almost invariably much influenced by the general salubrity of a place, and by the condition and habits of its inhabitants. The low-lying districts of a town or country suffer worse than the more airy and elevated; and we need scarcely add that the ill-fed poor, living in filth and wretchedness, are always the chief victims. It is under such unfavorable circumstances that all epidemic diseases, whether they be essentially and primarily infectious or not, invariably appear to be readily transmitted from one person to another. We shall afterwards see how difficult it is, on many

occasions, to come to an accurate decision upon this point; but of one thing we are pretty well assured, from the concurring testimony of the best observers, that the transmission of a disease can do but little harm upon a great scale, unless aided not only by a pestilential condition of the air, but also by local causes of insalubrity. It is to the correction of the last-named adjuncts that the attention of statesmen and legislators should be mainly directed, under the sober guidance of enlightened physicians.

Epidemic diseases are not confined to the human race; they are exceedingly common among brutes, and are then called Epizootics or Epizooties (*επι upon, ζωο an animal*;) in common parlance, *murrains*. Epizootics often precede or accompany the existence of Epidemics among man.

The vegetable world also is not exempt from pestilential invasions, too well known as *blights*. The potatoe-disease, so widely spread and so destructive at the present time, is in all respects a Vegetable Epidemic. We need scarcely say that we are quite as ignorant of the cause of this as of most other like visitations. Is it of insectile origin? Many circumstances seem to render this idea not improbable.*

* Dr. Grassi, so long resident in Egypt and other Eastern countries, and who has had such ample experience of the Plague, maintains that this and indeed many other transmissible diseases, are of insect origin:—*è molto probabile che la contagione prodotta da una malattia contagiosa consista in una specifica sostanza organizzata, la quale sia capace di mantenersi e di riprodursi secondo le leggi comuni di tutti gli esseri dotati di vita.*

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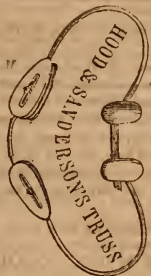
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This is the Pure and Essential Extract from the Native Drug

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

nor any derangement of the constitution or general health.

Hence its high-superiority over Laudanum, Pure Opium, Black Drop, De-narcotized Laudanum, and every other Opium preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obtained a safe, objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by the distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS, Hempstead, L. I., July 7, 1816.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, respecting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to be like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN, all his right, title and interest in this article, and having given the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper, and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. SANDS, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

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By the recommend of the most eminent Surgeons in the United States, as "Judges" the following awards have been made to this specimen of art and surgical apparatus, as the best in this country; (to wit,) "For the best artificial limbs."

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MASS. M. C. M. ASSOCIATION, BOSTON: "first premium" Silver Medal, 1849, "first premium renewed, 1850.

MARYLAND INSTITUTE, BALTIMORE: first premium, 1848: *Gold Medal*, 1850.

NEW-YORK STATE AGRICULTURAL SOCIETY, ALBANY; Silver Medal, 1849: ditto and Diploma, 1850: *Gold Medal*, 1851, for having received the Prize Medal, at the Great Exhibition of all Nations, in London.

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"It has been used by several of my patients, and with entire satisfaction. THOS. D. MUTTER, M. D.

Professor of Surgery in Jefferson Medical College. Philadelphia, March 27th, 1850."

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Philadelphia, Jan. 23d, 1851.

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"D. F. Palmer, Esq.,

"I have no hesitation in stating that I consider your Patent Artificial Leg to be the best invention I have yet seen: it is most useful, and the least distinguished from the natural limb.

"I am sir, your very obt. servant,

"G. J. GUTHRIE,

"Late President, Royal College of Surgeons."

"I should prefer to say an Englishman makes the best leg, but I must say an American has, and I go for the best

"MR. SKEY,

"Surgeon to St. Bartholomew's Hospital and Dean of Anatomy."

N. B.—B. F. PALMER will execute all orders out of New England and New-York, at his office, 376 Chestnut-street, Philadelphia.

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TO THE MEDICAL PROFESSION.

Your earnest attention is requested to a branch of business intimately connected with *success* in the treatment of disease. It is well known among *dealers*, and yet not generally known by the profession and the public, that *pure* and genuine medicines, particularly *pure powdered* drugs, from the first quality of gums and roots, are scarcely procurable in this country, and, therefore, physicians often prescribe medicines to meet certain indications in the disease of the patient, without obtaining the desired and expected beneficial result. To enumerate the articles of adulterated medicines that are daily sold in market, would be to name almost the entire list of the *materia medica*. From the finer and more important chemicals and pharmaceutical preparations, such as Morphine, Quinine, Hydriodate Potass, Calomel, Blue Pill, &c. &c. down to the most common, and those of daily use, such as Cream Tartar, Rhubarb, Super Carb. Soda, &c. the adulterations are so adroitly made, that even the closest inspection without analysis, will not detect them. Quinine is often found largely adulterated (in some instances more than half) with Mannite and other substances. Blue mass and Calomel have been found much more than half adulteration. A gentleman at one time connected with an extensive manufacturing establishment, informed us that, just before he left England, the factory turned out more than four thousand pounds of Blue Pill, containing Barytes, instead of Mercury; and it was all destined for the American market.

It seems to be somewhat difficult to determine where the blame rests for this state of things. An importing house, well known in this city, was accused, not long since, of selling impure drugs, and replying to the charge, through the New-York Express newspaper, they say:

"The pretence that druggists who buy medicines of wholesale and commission merchants, to dispense them or sell them at retail, are imposed upon or misled in the purchase of inferior articles, is too unfounded to deserve any other answer than can be gathered from the very article in question. The price is an infallible test of the purity of all medicines. Our customers require, and we consequently import and sell to them, Blue mass at \$1.20 per pound, and a common article at 75 or 80 cents.

"We always keep and furnish the best drugs to those that will buy them. For those that require an inferior article, we keep an inferior article, which we sell for, and they buy as inferior, and at a less price."

From this it would seem that the chief difficulty was the unwillingness of buyers to pay the price of good drugs. Buyers, in their turn, allege that the consumer, the physician, and the apothecary, will not pay for pure drugs, and will buy where *cheapness*, not quality, is the standard.

While we are not able to say where the blame lies, one thing we have determined on, and that is, that it shall not be upon us.

The importance of pure chemicals is felt by every practitioner, and yet they are scarcely to be obtained in any part of the country, as they are excluded by the low price of the ordinary article. Indeed, several chemicals, of great value in the treatment of disease, have almost fallen into disuse, from the simple fact of their known impurity as furnished to the profession.

Extensively engaged in the manufacture of

PURE CHEMICALS,

and in the preparation and powdering of Drugs, of a quality insuring to the Physician or Apothecary the full benefit of their medicinal properties in all his prescriptions, and desiring to extend our list of PURE MEDICINES to all articles of value in the treatment of disease, we are also manufacturing Insipissated and Hydro Alcoholic Extracts, to correspond with our other goods, and in *purity and efficacy not equalled by any offered in this or any other market.*

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are prepared by steam process, and in a *VACUUM*, in such a manner that the valuable properties of the plant are preserved uninjured, and at the same time a consistence, color and taste are obtained, which are not found among the vegetable extracts now in common use, and which are sufficient evidence of their superiority.

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" " German,
" Chamomile,
" Colocynth, Ordinary,
" " Opt.
" Dandelion, Alcoholic,
" " Insipissated,
" Digitalis,
" Gentian, Opt.
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Extract of Hops,

" Jalap,
" Lupuline,
" Nux Vomica,
" Pinkroot,
" Quassia,
" Rhubarb,
" Sarsaparilla, Simplex,
" " Compound,
" Para " Alcoholic,
" Hon. " "
" Stramonium,
" " Seeds,
" English Valerian,
" Dutch "

It is a well-established fact, that many plants which in their native conditions are possessed of very active medicinal properties, by *cultivation* lose their peculiar characteristics, and become nearly inert. Some vegetables which belong to poisonous families of plants, by cultivation are made innocuous, and are freely eaten as food, as the Potato, Parsnip, Celery, &c. &c.

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HYOSCIAMUS, BELLADONNA, CICUTA, &c.

all the active *therapeutical effects* which they should possess, we take pains to *procure the herbs* from which they are prepared, from places where they are indigenous to the soil, viz. from Germany, France, England, India, &c. &c.; and they are consequently much superior to extracts made from the cultivated plants of American growth.

These extracts, together with our Pure Chemicals and Extra Powders, so favorably known throughout the Southern and Western States, have received the unqualified approbation of various Medical Associations, and of Physicians and Apothecaries wherever known. Their *superior efficacy* in all prescriptions will be at once apparent to every one who reflects upon the difficulty oftentimes experienced in the administration of the common drugs of commerce, and the *loss of life* consequent upon the use of *inert remedies*.

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Iodide, Arsenic,
" Lead,
" " Crystals,
" Iron,
" " Pure,
Mercury, Bin Iodide,
" " " Crystals,
" " Protiodide,
Morphine, Sulphate,

Morphine, Acetate,
Granville's Lotion,
Oil Copava,
Oil Cubebs,
Colloidal, 1 oz. vias,
Precipitated Chalk,
Prussic Acid,
Potassa Nitras, Pure,
Spirits Nitri Dulc,
Syrup Iodide Iron,
Sulphuret Potassa,
Valer's Ferruginous Mass,
Zinci Acetas,
Zinci Sulphas,
Zinci Chloride,
Chloride Soda, de Labarraque,
Confection Rosas,
Confection Senna,
Blue Pill Mass,
Ung Mercurial.

Many of these chemicals differ in *appearance* from the chemicals of commerce, as well as in their *valuable properties*, and

ADVERTISEMENTS.

bear externally the style of our manufacture, being in crystals, and having the peculiar crystalline characteristic of each article; while those usually sold are in the powdered state, in which form it is difficult to judge of purity.

Our crystals of the Iodides of Lead and Mercury, and our Sulphate of Morphine more particularly, are much esteemed by all who have tried them.

Our Soluble Precipitated Carb. Iron, Nitrate of Silver, Extra Blue Pill Mass, hold the first rank among choice chemicals.

Our establishment having been in operation in this city for

MORE THAN HALF A CENTURY,

gives us the benefit of long experience in determining the qualities of articles, and understanding the wants of those who wish to dispense medicines of uniform strength. We wish to call particular attention to our Extra Powders, which are pulverized from selected roots and gums of the very best quality, and, when necessary, every piece is broken and examined under our own immediate supervision, and consequently possess a purity hitherto unknown in this country, and a uniformity of action upon which the physician may rely with perfect confidence.

Powdered Jalap, (which is so frequently found adulterated or utterly worthless,) when prepared by us, is from the roots of the true Mexican Jalap, and not from the spurious and inert roots and tops of the plant, which has been so commonly sold of late in our principal seaports. Our powdered Ipecac, extra, also, will be found much superior to the usual article of commerce, being made from the true Brazilian Ipecacuanha, and consisting solely of the active outer coating of the root, carefully separated from the ligneous parts, and from all other inert matters. In pulverizing Colocynthis, extra, we retain only the active pulp of the apple, rejecting the seeds, which latter constitute the principal part of the weight of the fruit, and are nearly inert. Powdered Rhubarb, extra, we prepare from the best East India Rhubarb, which is culled over with great care, every root being broken to detect any unsoundness. The powdered Resin Guaiac, extra, is the pure Resin collected in tears, entirely free from the dross and dirt usual to the ordinary Guaiac of commerce.

The Scammony, also, is powdered from an article differing in appearance, and very much superior to what is usually sold for Aleppo Scammony. Blue Pill, bearing our label, will always contain one-third part of Mercury, and our Hydro-sublimed Calomel will be found to be of superior and regular quality.

Care is taken to have these "Extra Medicines" not only pure, but of the best quality procurable. When required, any of these articles can be obtained of us in their original state, as some may desire a superior article to use unpowdered. *The life of the patient, as well as the success and reputation of the physician and apothecary,* depends so much upon the prompt action of the medicines used in sickness, that we feel every confidence that any effort to furnish them with pure and superior drugs will be fully appreciated. To preserve the preparations from being injured by the air and moisture, they are generally put up in bottles and jars, containing one pound each, and also in five and ten pound canisters. They should be kept as much as possible from the light.

It will be observed that the prices of these superior articles are necessarily higher than those of the ordinary kind, and physicians and merchants at a distance, when they wish this quality sent them, are particularly requested to write for the "EXTRA MEDICINES" of

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" " Socot.
" Asafoetida,
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" Aniseeds,
" Bayberry Bark,
" Belladonna,
" Blood Root,
" Bitter Root,
" Black Root,
" Boreax,
" Buchu,
" Caraway Seeds,
" Cantharides,
" Canela Alba,
" Cardamon, (Seeds only),
" Cicuta,
" Cranesbill,
" Cloves,
" Cinnamon, ordinary,
" " Ceylon,
" Cohosh, Black,
" Columbo,
" Colchicum Roo'
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" Cubebs,
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" Gum Arabic, Turkey,
" Gamboges,
" Mastich,
" Myrrh,
" Tragacanth,
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" Ipecac, without the woody
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" Ipecac and Opium, (Dover's
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" Kino, True,
" Lobelia,
" " Seeds,
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" Mezereum,
" Nux Vomica,
" Nitrate Potass, Pure,
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" Opium,
" Opiatum, Turkey,
" Orange Peel,
" Orris Root,
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" " Black,
" Peruvian Bark, Loxa,
" " Red,
" " Calisaya,
" Prickly Ash Bark,
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" Pleurisy Root,
" Rhubarb, Turkey,
" " East India,
" Rhatany Root,
" Sarsaparilla, Para,
" Sage,
" Summer Savory,
" Sweet Marjoram,
" Sabina,
" Senna, Alex.
" Seneca Root,
" Scammony, Aleppo, No. 1,
" " Virgin,
" " 1 oz. vials.
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" Squills,
" Sulphate Copper,
" Iron,
" " Potass,
" Uva Ursi,
" Valerian, English,
" &c. &c.

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TO DRUGGISTS.—In addition to the Extra Medicines, we also keep a large and well-assorted stock of the ordinary Drugs and Medicines of commerce, carefully selected, and the best that can be procured. Our Essential Oils and other Liquids we obtain from the most reliable sources, and are submitted to every known test for impurities; and we avoid purchasing any kind of Drugs in the powdered state.

Our arrangements and facilities are such that we can offer inducements to dealers, which must influence all who not only like to have a fair equivalent for their money, but at the same time to have goods that are what they represent to be, and such as will bear the strictest examination and analysis.

PHILIP SCHIEFFELIN, HAINES & CO.

DRUGGISTS AND MANUFACTURING CHEMISTS, NEW-YORK.

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Vol. III.

JULY 15, 1852.

Nos. 14 & 15.

CONTENTS.

Another College Circular, . . .	185	Dental Education, . . .	189	Epidemic Diseases of Ohio, Indiana, and Michigan, . . .	199
Doctors Differ, . . .	186	Correspondence of the Editor, . . .	190	Extract from Dr. Milroy's Pamphlet on Cholera, . . .	200
Health of New-York, . . .	186	Homoeopathy, . . .	191	Dr. John Watson, vs. the State Medical Society, . . .	202
City Inspector's Report for 1851, . . .	187	Transylvania Journal of Medicine, . . .	191	COMMUNICATIONS:—	
New-York Medical Times, . . .	187	The Northern Lancet, . . .	191	Typhus Fever, . . .	205
Duelling, . . .	187	On the Blood and its Changes, by Rodolff Haas, M. D. . . .	191	University of New-York Analyzed, . . .	207
Medical Faculty of the University of Michigan, . . .	187	College of Physicians and Surgeons, . . .	196	Rupture of the Inferior Vena Cava, . . .	208
New-York State Medical Society, . . .	188	Spiritis Rapping, . . .	197	Dr. Dewees on the Endermic Treatment of Coughs, Neuralgia, &c. . . .	208
Cholera, . . .	188	Dr. Gardette, . . .	197	Lectures on Operative Surgery, by Dr. Carnochan—On Lithotomy, . . .	211
Osteo-Aneurism, . . .	188	Instrument in Cases of Retroverted Uterus, . . .	197	Lecturer on Dentistry, . . .	214
New-York Academy of Medicine, . . .	188	Microscopic Observations on the Blood, . . .	198		
Report of the Eastern Lunatic Asylum, Williamsburg, Va. . . .	189	Hospital for Drunkards, . . .	199		
A Case of Cholera, reported by Isaac Greene, M. D. . . .	189	The Deaf and Dumb, Blind, Insane and Idi-otic of the United States, . . .	199		

COLLEGE OF PHYSICIANS AND SURGEONS OF THE University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of December, 1852, and continued until March 10th, 1853, (commencement day.)

ALEXANDER H. STEVENS, M. D., L. L. D. President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., L. L. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D. Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D. Professor of Physiology and Pathology (including Microscopy.)

ELISHA BARTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures, \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers, (Professor Smith being one of them,) fee \$8 per annum; at the Bellevue Hospital twice a week, without fee, (Professors Parker and Clark belonging to the Medical Staff,) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

The Course will be free. R. WATTS, M. D. Secretary to the Faculty.

[College of Physicians and Surgeons,
67 Crosby-street, New-York.]

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1853, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PRASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

D. S. CONANT, M. D. Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday 22nd of September, which will be independent of the regular Course, and will be free to all Medical Students.

The Dissection Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

New-York Medical College,
East Thirteenth-st. near Broadway. }

Dean of the Faculty.

PALMER'S PATENT ARTIFICIAL LEGS,

MANUFACTURED AT

SPRINGFIELD, MASS. (No. 5 BURTS BLOCK.)

BY

MESSRS. PALMER & CO.

(B. F. PALMER, A. S. CURRIER, AND E. D. HUDSON, M. D.)

Received the award of the Prize Medal of the great Industrial Exhibition of all Nations, in London, as recommended by (the Judges) those eminent and world-renowned Surgeons, Sir Wm. LAWRENCE and Mr PHILIP, of London, and M. ROUX and LAL-LEMAND of Paris, "as being the best artificial leg ever invented," an American triumph over thirty different kinds of artificial limbs on exhibition from the best artists in London, Paris, and various other parts of Europe.

By the recommendation of the most eminent Surgeons in the United States, as "Judges" the following awards have been made to this specimen of art and surgical apparatus, as the best in this country; (to wit,) "For the best artificial limbs."

AMERICAN INSTITUTE, NEW-YORK: awarded, Silver Medal, 1846: Gold Medal, 1847: Gold Medal, 1850: and renewal premium, 1851.

FRANKLIN INSTITUTE, PHILADELPHIA; Scott's Legacy Medal and Premium, \$200; and Silver Medal, "first premium" 1849; "first premium renewed," 1850.

MASS. M. C. M. ASSOCIATION, BOSTON: "first premium" Silver Medal, 1849, "first premium renewed, 1850.

MARYLAND INSTITUTE, BALTIMORE; first premium, 1848: Gold Medal, 1850.

NEW-YORK STATE AGRICULTURAL SOCIETY, ALBANY; Silver Medal, 1849: ditto and Diploma, 1850: Gold Medal, 1851, for having received the Prize Medal, at the Great Exhibition of all Nations, in London.

The following are a few of the numerous opinions given by distinguished Surgeons in this country and in London concerning this apparatus, to wit:

"I have examined carefully, the Artificial Leg, invented by Mr. B. Frank. Palmer. Its construction is simple, and its execution is beautiful; and, what is most important, those who have the misfortune to require a substitute for the natural limb, and the good fortune to possess it, all concur in bearing practical testimony to its superiority in comfort and utility. VALENTINE MOTT,

Professor of Surgery, New-York University.

New-York, Jan. 29th, 1851."

"I have seen several of the Artificial Legs manufactured by Messrs. Palmer & Co. in use, and consider them superior to any with which I am acquainted. W. PARKER, M. D.

Professor of Surgery, New-York College of Physicians and Surgeons. New-York, Jan. 28th, 1851."

"The undersigned having witnessed the successful use of the Artificial Leg manufactured by Palmer & Co. Springfield, gladly recommend them to persons who have suffered the loss of the lower extremity, as an ingenious mechanism, which imitates in shape and motion the living member much more successfully than would seem possible.

JOHN C. WARREN,
GEO. HAYWARD,
JACOB BIGELOW,

J. MASON WARREN,
D. HUMPHREY STORER,
S. D. TOWNSEND,

Surgeons and Physicians, Mass. General Hospital. Boston, June 12th, 1849."

"I have examined with great care, the Artificial Leg invented by Mr. B. F. Palmer, and do not hesitate to recommend it in the strongest terms.

"It has been used by several of my patients, and with entire satisfaction. THOS. D. MUTTER, M. D.

Professor of Surgery in Jefferson Medical College. Philadelphia, March 27th, 1850."

"I have examined carefully the Artificial Leg invented by Mr. Palmer, and have formed a very favorable opinion of its construction. I have also advised my patients to obtain it, and have reason to suppose it answers their expectations.

W. GIBSON, M. D.

Professor of Surgery, University Penn.

Philadelphia, Jan. 23d, 1851.

"4 Berkeley-street, Berkley-square, London, Sept. 30th, 1851.

"D. F. Palmer, Esq.

"I have no hesitation in stating that I consider your Patent Artificial Leg to be the best invention I have yet seen; the most useful, and the least distinguished from the natural limb.

"I am sir, your very obt. servant,

"G. J. GUTHRIE,

"Late President, Royal College of Surgeons."

"I should prefer to say an Englishman makes the best leg, but I must say an American has, and I go for the best.

"MR. SKEY,

"Dean of Anatomy."

N. B.—B. F. PALMER will execute all orders out of New England and New-York, at his office, 376 Chestnut-street, Philadelphia.

Agent in New-York, J. M. Sanderson, 3 Barclay-street.

KOUSO,

REMEDY FOR TAPE WORM.

DELLUC & Co. have just received from Paris, another invoice of the valuable medicine. Also, PURE CHLOROFORM, from the celebrated BERAL of Paris.

For sale, wholesale and retail, at 581 Broadway, 250 4th Avenue, and 2 Park Row.

CASTLETON

MEDICAL COLLEGE.

There will be annually two full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PERKINS, M. D. Professor of Materia Medica and Obstetrics.

EZRA S. CARR, M. D. Professor of Chemistry, and Natural History.

WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

Fees.—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel, and lights, can be obtained in respectable houses at from \$1,75 to \$2,50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

NEW WORK ON OPERATIVE SURGERY.

Operative Surgery Illustrated, by R. U. PIER, M. D. containing more than nineteen hundred Illustrations of operations and of surgical diseases, with explanatory text, chiefly from the works of Bourgery, Velpeau, Mance, Scarpa, Astley Cooper, Liston, Mutter, Pancoast, Mott, &c. with two hundred original drawings. This work will also contain a chapter on the use of Ether in Surgery, by HENRY J. BIGELOW, M. D. Prof. of Surgery in the Massachusetts Medical College, it being a communication published in the Records of the American Medical Association.

The work will be issued in a handsome 12mo. vol. and at a price that will place it within the reach of every student and practitioner. Published by

TICKNOR, REED & FIELDS.

Boston.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 14 & 15.

JULY 15, 1852.

\$1 PER ANNUM.

Professional Advertisements will be inserted at the following rates, viz:

Single insertion, for a column, \$5.

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" " 12 lines or less, \$5. " "

Smaller advertisements in proportion.

Medical Colleges, Lectures, &c. will be charged at the annual rates, in proportion to the number of insertions, whether more or less than a quarter.

SUBSCRIPTION.—The price of this journal is \$1 per annum, which must be paid in advance. Double numbers, 12½ cents. Extra copies, \$10 per hundred.

TO OUR SUBSCRIBERS.

This being a Double number, our next issue will be on the 15th of August.

Third Year.

The present double number is the commencement of the *third year*, and for this many of our subscribers have paid in advance, for which promptitude they have our thanks. If all who mean to sustain the *Gazette* will do likewise, by enclosing *one dollar* through the Post Office to the editor, without delay, we shall esteem it a favor.

The present *volume* will be completed by monthly numbers equivalent in size to the present, and will close in December, when a new volume will commence and the paper be enlarged without much increase of price. But *payment in advance* is indispensable to sustain the publication at so low a rate.

New subscribers can still be supplied with the back numbers from the beginning. Two volumes bound and lettered, may be had by enclosing *three dollars*.

Agents are allowed 25 per cent. on all subscriptions, which they may retain when remitting the money by mail; and at our risk, if *post paid*.

Notice.

A number of communications, notices of new books, &c. are necessarily excluded to make room for the varied contents of the present number, a part of which has been too long delayed.

We invite the attention of our readers to Professor Carnochan's clinical lectures on Lithotomy, the third of which enriches the present number. They will be found to be plainer, more practical and complete, and

utilitarian in a higher degree, than any other extant lectures on this intricate subject. We are glad to learn from various sources, that this estimate of these lectures is generally entertained, and hence the demand for the numbers containing them.

Dr. Haas's paper on Physiology is commenced in the present number. Its novel views entitle it to be read, notwithstanding its length.

Dr. Bowen's paper on the Diagnosis of Typhus Fever is discriminating, and practical men will know how to value the suggestions of one, whose connection with the great Emigrants' Hospital gives him unsurpassed opportunities for observation.

Dr. Dewees's communication on endermoid medication will be read with interest, and is to be followed by others on kindred topics.

RECEIPTS for 3rd Vol. not otherwise acknowledged—Drs. Sims, Statesbury, D. Mitchell, Bennet, Storer, Lattimore, J. R. Smith, J. Neilson, O. White, Roosevelt, E. Fowler, Coons, 2, Holbrook, Bailey, Shanks, Hudson, Durbrow, Gamble.

Another College Circular.

The Faculty of the University School have been again flooding the Post Office with Circulars sent abroad, but scrupulously guarded that not a stray one should be accessible in New-York. A friend in the far West, who has received it by mail, has enclosed it to us for inspection and analysis. Our columns are too much crowded at present for any extended notice.

It must suffice to indicate a few of the features in which it differs from the former one a few weeks since, to which we referred at the time.

First—In announcing the "Faculty of Medicine," not a word is said of the batch of "non-governing professors," whose names were paraded as a caudate appendage in the previous circular. Their names are incidentally mentioned in a subsequent part of the Circular, all except Professor Lee, who seems to have been overlooked entirely.

Second—In referring to the summer course, we observe, though the college is to be "kept open all summer" as a recruiting office, yet not a word is said about *that thirty dollar fee!* so that the inference is authorized that the \$300 salary for each of the "bob-tails" is to be raised in some other way, as this device failed to take, even with the flats.

Third—We perceive that the indecent exposures of

female patients at *that* Obstetric Clinique, are no longer boasted of, as in the former circular; these Model Artiste exhibitions having been suppressed, probably in deference to the Grand Jury, whose attention has been invited to the nuisance.

Fourth—Students are notified that the “*examinations for degrees are conducted in private by the Professors individually!*” The characteristic contempt to the profession every where, as well in the State as in the National Society, as shown in thus holding out a bait to superficial students, is direct and palpable. In both our other colleges here, disinterested Censors attend the examinations as witnesses and umpires, and this as representatives of the profession. The policy of notifying students, that in this school there will be greater facilities for obtaining degrees is transparent, and the profession will know how to estimate it. The legislature should be invoked to correct this outrage upon the rights of the profession, unless the Council of the University shall refuse to confer degrees, until some regard be paid by the Faculty to the expressed will of the American Medical Association.

We shall take occasion to refer to this subject again.

Doctors Differ.

Dr. Cock, in his inaugural, denominates the New-York Academy of Medicine, “*the acknowledged organ of the medical mind of this city,*” truly regarding that body as representing the profession.

Dr. Draper says, that the University School, of whose Faculty he is the President, “*does not recognize the Academy*” at all; and this while a majority of his “governing and non-governing professors” continue to be members of it.

It is the “*resolution*” of the Academy, to insist on Dr. Draper’s college, conforming to professional ethics, in conducting their clinics, which has so disturbed the equanimity of the worthy President. We perceive that he has withdrawn *that* advertisement from the *Sun* and *Herald*, and found it convenient to suppress the “cards” headed “*To the sick poor!*” which proves that notwithstanding his repudiation, somebody has found it convenient to “recognize the Academy.”

“No man e’er felt the halter draw,

“With a good opinion of the law.”

We do not despair of bye-and-bye reforming the other quackeries of this college, by our operation of Paracensis, a necessary and salutary measure, which is kindly meant to relieve the concern of all its *Gas*, and the Munchausenisms, which have heretofore been the bane of its success.

Health of New-York.

The City Inspector has officially issued a Card, notifying the public that the Hon. Common Council have deprived him of the Health Wardens, who as subordinate officers in his department have heretofore been employed in removing nuisances and other sources of disease in the several wards of the city. He most

lugubriously laments the loss of these his helpers at this critical season of the year, and calls upon all good citizens to cleanse and purify their own premises, instead of relying upon him and his health wardens; strongly intimating that without the vigilance of this private health police, every man for himself, there can be no protection for the health of the city. He thus washes his hands of all responsibility for the sanitary condition of the city, and seeks to awaken public indignation against the Common Council for crippling the energies of his bureau, or the department of which he is the head.

With the political aspects of this question we have nothing to do, but this Card of the City Inspector strikes us as affording the best possible evidence that he is utterly unfit for the important place he fills, else he would not have become an alarmist on so slender grounds. The Charter gives to the City Inspector ample powers and unrestricted authority to employ as many men as he chooses, and expend whatever amount may be necessary for the protection of the public health, in any possible or contingent emergency. To whine, therefore, because of the loss of political patronage, and a handful of worthless subordinates, is simply ludicrous.

If he fail to cause the removal of any nuisance endangering the public health, it is not for want of these Health Wardens, but for want of the capacity and industry demanded in the Department. Let him no longer lounge about his office in the City Hall, surrounded by his clerks, but bestir himself personally in looking after the accumulated filth to be found all over the city, waiting to generate pestilence in July and August, when the summer sun shall be upon us. He will be better employed than in issuing manifestoes calculated to create a panic, and injure the commerce of the city.

Happily the temperature of the atmosphere thus far in the season has been favorable, and a better state of health prevails than ordinary in our city; and this, strange to say, without either the City Inspector or his Wardens. As neither of them are medical men, we judge we are better off without them than with them.

City Inspector’s Report for 1851.

The mortality of the city for the year 1851 appears to have been 22,024, which is an INCREASE on that of the previous year of 5,046! which must be regarded as appalling, being an *increase of nearly 30 per cent.*! on the aggregate deaths of the previous year.

A very feeble attempt is made to show that this higher rate of mortality is apparent only and not actual, since in the Report for the previous year 1850, it is seen that the ratio of deaths, as compared to the population, was “greater during that year than during any former year since 1805.” With what propriety then is it now said, that “a year of *light* mortality succeeds a heavy one of pestilence,” when the ratio was greater in

1850 than in 1849, or even 1832 and 1834 when Cholera prevailed epidemically, as it did in the *three* years last named, and not as erroneously stated in the Report, in "*two only*."

The statistics of this Report demonstrate a sad condition of things in the several Hospitals, in every one of which there has been a frightful increase of mortality over that of last year, the aggregate increase being nearly *SEVENTY-FIVE per cent.* and 30 per cent. beyond that of 1847 when Ship Fever raged, or 1849 when Cholera prevailed. Surely there must be a cause not named in this Report.

At the *Emigrants' Hospital* on Ward's Island, the deaths number 1589! which is nearly *one-fourteenth* of the whole mortality of the city. The reports we have seen show very clearly that it is not in the Surgical department, but on the medical side of the Hospital, that we are to look for this amazing mortality, and chiefly in the Obstetrical wards. It is said that nearly half the children born on the Island have died within the first few months, and if this be the fact there must be something radically defective in the management, either medical or hygienic, or both. Some inquiry and explanation should be called for by the Commissioners, especially as to the ratio of deaths among the children, which is certainly unparalleled and appalling. But reform of some kind seems to be imperatively called for as the dictate of humanity.

No less than 624 died at *Bellevue Hospital*, beside the 172 reported from the *Alms House*, whither the incurables are sent to diminish the mortality at Bellevue; since, until 1850, this ingenious device, so ingeniously suppressed in the Reports of the Medical Board and Governors, had not been allowed, and all these incurables were included in the mortality at Bellevue, and constituted the largest item in the returns. The mortality there for 1851, will be found to exceed any ratio of any former year during the worst administration of its affairs, if the comparison be made in view of the facts of the case. If this be denied in any quarter, the proofs will be forthcoming. And yet the health of the city during the year has never been better, nor has any unusual epidemic prevailed.

Of the causes for the increase in the number of deaths, including that reported from the Hospitals, we shall take occasion to speak in another article. We put these statistics on record for future reference, and will only add, that if the City Inspector were, as he ought to be by law, a thoroughly qualified medical man, he would be competent to make Reports, which would serve to throw light upon the causes of the deterioration of the public health, which would serve both science and humanity.

New-York Medical Times.

This monthly still bears on its front the name of Dr. Adams as editor and proprietor. His frail health has, however, rendered it necessary to transfer its conduct to Dr. Bulkley, who is understood to have asso-

ciated with him Drs. Van Buren and Metcalf, so that its bias to certain cliques will be apparent, the trio being sub-professors in the 14th-street school. The last number is, however, an improvement on the former, and contains reports of cases by Drs. Buck, Stone, and Bolton, which are worth reading; and also reports of proceedings at the Academy, the Pathological Society, and the New-York Medical Association. The 9th in the series of Ricord's Letters on Syphilis is here, with the usual variety of other matter.

As it regards our critique in the last number on "Dr. Metcalf's case of tubercle and pneumonia," we owe it to Dr. Rochester to place him rectus in curia. His name as "Reporter" was appended by Dr. Metcalf to that old case for publication, without his knowledge, simply for the purpose of hiding the blushes of Dr. Metcalf, while publishing his own case under cover. Nor would he have allowed the title "House Physician" to have been used, had he known that such liberty was to be taken with his name, for the reason that it was a fiction. We advise that the Professor of Physical Diagnosis get some other protege, now that Dr. K. is no more, and Dr. Rochester will not stand god-father to his ancient leucubrations. The reporter of his "governing professor," Dr. Bedford, to the *Northern Lancet*, would suit him exactly.

Duelling.

We see it announced that a physician in the South is under arrest for shooting another in a duel. This reminds us of a friend of ours, a medical man of this city, who not long since received a challenge to mortal combat by the hands of a second, which was delivered in person. The doctor after reading the missive, quietly said to the bearer, "Sir, please tell your friend to repair forthwith to Hoboken, and shoot away until I come." Whether the second and his principal proceeded thither, the Doctor neither knows nor cares, but if they did, they may be shooting there yet! for our friend's equanimity has never been disturbed, nor has he crossed the river since. This example we commend to our fraternity as worthy of imitation.

Medical Faculty of the University of Michigan.

The medical class of 1851-52, in attendance upon the late course of lectures, have complimented their Professors, by enlisting the services of Sartain of Philadelphia, for a truly splendid engraving of a group of portraits, including Professors Pitcher, Denton, Douglas, Sager, Gunn, and Allen. We have not the pleasure to know all the gentlemen, but a Phrenologist at our elbow, pronounces each of the Faculty here represented, to give indications of a superior order of intellect, and capacity to achieve victories in any department of education. They are certainly fine looking men, by Physiognomical rules, and we congratulate them on receiving this testimonial to their merits, which is admirably engraved, and is highly creditable to their pupils, who have adopted this delicate method of testifying their respect.

New-York State Medical Society.

The semi-annual meeting of this body was held in the Hall of the Crosby-street College, on Tuesday, 29th June. Professor Clark presided, and read the usual address, which was an able and judicious performance. As it will no doubt be published, we refrain from any comment till it appears. Dr. Cock was appointed Secretary, *pro tem*.

Invitations were then read, inviting the Society to visit our various public institutions, and proffering private hospitality at the residences of Drs. Cheesman, Mott, and Stevens, all of which were accepted.

By a liberal usage of this Society, all the physicians present were made honorary members of the State Society for the present session, and privileged to take part in its deliberations.

The attendance was large, and the meetings for business, as adjourned from day to day, were highly interesting.

Dr. Tuthill read a paper on the Statistics of Births, Marriages, and Deaths, which merits high commendation, for its thorough analysis of the objections made to the law, and their refutation.

Professor Lee followed on the causes of the circulation of fluids in vegetables and animals.

Dr. Swett, on Bright's disease of the kidneys, was the next paper, and was followed with remarks by Professor Clark, and illustrations with his powerful microscopes, during a recess.

A discussion on the varied forms of Quackery and the duty of the Society, on motion of Dr. Cash, of Orange County, brought forth remarks from a large number of the members, which concluded the business of the first day.

In the evening the members partook of the elegant hospitality of Dr. Cheesman, in Broadway.

The second day was opened by Dr. Spencer's long and ingenious paper, on his theory of Vegeto-Animal Heat and Life, which he illustrated by colored diagrams, and upon which topic he has evidently bestowed much labor. Of its merits we are not prepared to speak at present, nor until its publication.

The rest of the day was taken up in visiting the Asylums of the Deaf and Dumb, the Blind, Croton water works, &c. until the evening, when the hospitable mansion of Dr. Mott, at Bloomingdale, welcomed the Society to agreeable recreation and refreshment, under the roof of this "Napoleon in Surgery." After which they attended the Pathological Society.

The third day was chiefly spent in visiting the Alms House Department at Bellevue, Blackwell's Island, and Randall's Island, terminating the day by a feast at Dr. Stevens's country seat in Astoria.

The fourth day was devoted to varied business, a paper on the Statistics of Surgery, by Professor Van Buren, another by Dr. Peet, on the instruction of Deaf Mutes, &c. &c. when the Society adjourned.

The announced Report on the late experimental treatment of Puerperal Fever, though ordered to be the special business of this semi-annual meeting, was passed over, although several gentlemen were present from day to day prepared to report papers, and for the discussion had it taken place.

The daily papers generally published brief and correct notices of the proceedings of the Society, and this semi-annual meeting may be regarded as highly satisfactory and useful, so that it will probably be repeated next year. Many gentlemen from different and distant parts of the State remained in attendance throughout the entire session.

Cholera.

The public press records the appearance and prevalence of Epidemic Cholera, at various places in the southern and western portions of our country, and a recent outbreak on board the steam-ship Philadelphia, on her passage from the Isthmus to Havanna, has increased public anxiety, lest another visitation of the dreaded and fatal pestilence should reach our Atlantic cities. Thus far, however, we have been preserved from the usual precursors of Cholera, though the season is somewhat advanced, except in a few rare instances, which are looked upon as sporadic. Our safety, so far as second causes are concerned, only lies in the utmost vigilance to guard against those sources of the disease known by past experience to develop it. Temperance in all things, cleanliness, pure air and water, and especial attention to the condition of the poor, who are crowded in unhealthy habitations, and but illy supplied with the comforts of life, are found to be the best preventives. Sanitary measures should not be delayed until the appearance of the epidemic, but we should bestir ourselves in advance, and thus anticipate the calamity, by preparing against it. In this city we hear very little of such precautions.

Osteo-Aneurism.

A remarkable case of this rare form of disease, situate in the condyles of the femur, has been discovered in a female at the Emigrants' Hospital on Ward's Island, by Professor Carnochan, who, after trying compression, as far as the patient could bear it, has been obliged to apply a ligature to the femoral artery, which has been followed by no untoward symptom, and resulted in cure. The patient had previously been exhibited at a *College clinique*, as a case of white swelling, or serophulous enlargement of the joint, but happily escaped without amputation. We are promised a full report of this interesting case.

New-York Academy of Medicine.

Dr. Griscom, from the Committee on Public Health, presented a Report at the last meeting on the subject of Dispensary organizations for the medical relief of the

indigent sick, in connection with a plan for the Sanitary organization needed for this large city, in conformity with Hygienic laws. It is an able document, and will soon be published, when it will attract, as it deserves, a very large share of public attention. We hope the public authorities will be moved to some prompt and effectual measures of reform in the department of the City Inspector, where it is imperatively demanded.

Report of the Eastern Lunatic Asylum, Williamsburg, Va.

BY DR. JOHN M. GALT.

This document well repays perusal, and the "Physiological Register" opens up a novel and interesting topic for study. It includes the weight, height, pulse, respiration, color of eyes and hair, temperament, and complexion of the patients, and presents a curious variety, which is both entertaining and instructive.

Communicated.

[The following is a report of the only case of well characterised Cholera we have seen this season. It must be regarded as sporadic.]

A Case of Cholera.

REPORTED BY ISAAC GREENE, M. D.

Surgeon to Bellevue Hospital, and late Physician of the Stanton-street Cholera Hospital.

J. R. clerk, temperate, residing at the corner of 9th Avenue and 49th-street, left his house on Friday morning, the 2nd of July, 1852, in good health and soon after reaching the store in which he was engaged in Broad-street, was attacked with diarrhoea, which continued through the day. He attended to business, however, took bread and milk for dinner, and as evening approached felt so much better, that he abandoned the idea of consulting his physician, which he had thought of in the fore part of the day, and returned home.

At two o'clock Saturday morning, he was awakened by the recurrence of diarrhoea, which was very profuse, dejections colorless and flocculent. Vomiting commenced soon after—the ejected matter presenting much the same appearance as that passed through the bowels. The family became anxious, and about four o'clock called in a physician in the neighborhood who prescribed an astringent mixture. The symptoms continuing unabated, I visited the patient at ten o'clock, A. M. and found him vomiting and passing by stool, the characteristic choleric fluid, skin cold and livid, pulse barely perceptible at the wrist, tongue cold, voice weak and husky, respiration slow and labored, face contracted, hands shrivelled, &c.

The disease being well marked, I at once concluded to remain and attend to the administration of such remedies as I thought most reliable in this appalling disease.

The abdomen, back, and inside of the legs were first covered with mustard plasters, and hot bricks placed at

the feet. An enema containing Acetate Plumb. and Tinct. opii. was then given and repeated as often as the urgency of the symptoms demanded, next a combination of Hydrarg. Sub. Mur. Plumb. Acetas. and Pulv. Opii. was given and repeated as often as vomiting recurred, until about gr. xxxv. Hydrarg Sub. Mur. was retained, and the vomiting had ceased.

Finely powdered ice was given to the extent of the patient's ability to take it, for three or four hours.

The vomiting and purging having ceased about 12, M. At 1½ P. M. I left the patient with directions to repeat the injections, if necessary, and renew the mustard to the surface, if either vomiting or purging recurred.

9 o'clock, P. M. Dr. Reese visited him with me at my request; we found the circulation a little improved, pulse 120, skin cool, has had no vomiting since I left him, has had one large colorless passage from the bowels. The injection has been given, and came away—ordered Hydrarg. Sub. Mur. gr. x.—and gave another injection prepared as above, and directed a table spoon full of brandy to be given every hour, ice continued freely.

Sunday, 4 to 9½, A. M. Dr. Reese again saw the case with me, finds him still improving, pulse 115, and very feeble, no vomiting since last evening, and but one dejection which is large and colorless, yet much more consistent than any before, continued brandy, and ordered beef tea.

7, P. M. Still improving, has had no passage from the bowels since morning, has passed no urine since the attack, there has been none secreted, brandy and beef tea continued.

Monday, 5th, 11, A. M. Finds the first bilious discharges from the bowels, about 3 i of urine was passed this morning, pulse 100, stimulus and diet continued.

Wednesday 7th. Convalescing.

Thursday 9th. Appetite returning, is free from disease, though quite debilitated.

For the Medical Gazette.

Dental Education.

In many of the recent medical journals, there have appeared articles upon the subject of Dental Education, chiefly having relation, either to the propriety of establishing separate Dental Colleges, or of adding a chair of Dental Medicine to the curriculum of our already existing Medical Universities.

We have read these publications with interest, for we regard the questions of which they treat, as matters of no little importance:—Important to general medicine as a question of development of one of its hitherto neglected branches; important to Dentistry as involving its rank and usefulness; important to the public, to whom the enlarged judgment of its professional servants is a vital gain, and their deficient training an irre-

parable loss. Until within a short period, Dentistry has been in the hands of men of mechanical, rather than of scientific training, and even among its practitioners, the plugging of a tooth, or the fitting of an artificial one, has been considered its sole business, while the physiological questions with which it has connection, have been left to the purely medical inquirer. Now, however, it is beginning to feel the results of that advancement, which the last quarter of a century has produced in all the collateral branches of medicine, and, both the Dentists themselves, and the philanthropic educationist are inquiring as to the best, and soundest mode of educating its practitioners.

We feel a decided preference for the proposed plan of connecting its teaching with that of our existing medical universities, establishing for this purpose a chair of Dental medicine. To us this appears as the only appropriate, the only non-superficial way of imparting Dental instruction. For Dentistry is a part of medicine, and cannot be raised to a science, and lose its dependence upon general medicine. The whole object of it is, either to prevent, to cure, or remedy the results of disease. Has general medicine any other aim? Would a physician think of teaching obstetrics, diseases of the eye or ear, or any other regional disorder, without grounding his pupil primarily, in the general principles and practice of medicine? Those principles can only be arrived at through a knowledge of the various organs and functions of the body, with their mutual dependencies and sympathising connections;—in short, to understand a *part* of medicine, it is necessary to understand the *whole*.

But an isolated institution, purely Dental, would not, and *does* not depart from its speciality.

It would make excellent mechanical Dentists, its pupils would be able to plug cavities, and fit plates of artificial teeth with the dexterity of an instrument maker, but this skill would be obtained without the corresponding judgment, which should direct the simple mechanician.

Our own medical experience, and doubtless that of every practising physician, has made us not unfrequently, to recognise a dejective condition of the teeth as the cause of gastric derangement, nervous disorders, and even functional disturbances in the other sex; and in those cases where impaired teeth are not the cause, they often serve to prolong the disorder, or prevent a cure. Would not the knowledge of such facts be of advantage, both to the Dentist and his *clientelle*? Would it make no difference in his practice whether he regarded the teeth as a part of the digestive apartments, or as dead matter for delicate borings and fillings.

In our view, the tendency of a Dental College would be to isolate the Dentist from the rest of the medical profession, and to narrow, and degrade Dentistry from a science to the level of mechanics. In giving to the Dental student such a general medical and physiological knowledge as he would obtain in our medical schools, he would become imbued with those principles, which would make him not merely an operator, but a judicious adviser.

By giving him that enlarged education, his condition would be elevated, his influence widened, and his usefulness increased.

Such, too, appears to be the opinion of our most eminent Dentists.

A PHYSICIAN.

Correspondence of the Editor.

FROM GEORGIA.

"Your exposure of the tricks of your University School at New-York, comes home to the 'business and bosoms' of many of our younger brethren, who have been victimized thereby, and especially by your 'Professor of Gas!' who has been rightly named 'Obstetrical Munchausen.' Southern students have had enough of that concern," &c.

FROM SOUTH CAROLINA.

"As you have identified Dr. Bedford as the source of the scandalous vindictiveness aimed at yourself and your journal, in his Plattsburg organ, we think you have said enough; as his mendacity is pretty well known on this road, as the saying is;—being perfectly unscrupulous, and he having nothing to lose, you may very properly defy and despise him."

FROM KENTUCKY.

"You are right in charging the low state of the medical schools of New-York, as compared with Philadelphia, upon the erratic and undignified charlatanism of certain members of the University School, who will deserve the rebuke given in your last number."

FROM VIRGINIA.

"Never was unpalatable truth more plainly urged or more loudly called for, than in your recent strictures on the University School at New-York. The profession hereabout no longer patronize the school, as their last year's catalogue would show if it were published; and for the precise reasons you name. Our own schools and Philadelphia divide the students, for your other Colleges in New-York have been literally kept out of sight, by the overshadowing clamor and puffing of the University, and its 'national' pretensions, urged by a deluge of circulars which have annually crowded the Southern mails."

FROM OUR OWN CITY.

"Why do you not publish a list of the 'notorious and infamous quacks,' who while in the midst of their Lock hospitals, Nostrum vending, Water cure, Homœopathy, Mesmerism, Clairvoyance, and the like; and while the newspapers were filled with their advertisements, notoriously fleecing the public, have been dubbed with M. D. by the University school, they 'bagging the fees.' Their diplomas may be seen hanging up in nearly every advertising quack's establishment in the city. It is thus our profession has been disgraced more than by all other causes combined."

"In your just allusion to Dr. Bedford's cowardly assault upon the late Dr. John B. Beck, whose frail health at the time was at once the motive and the protection on which the assailant relied, you would have gratified many if you had copied from the New-York Mirror the article alleged to have been the pretext for the brutal attack, having been written by Dr. Beck in rebuke of Bedford's quackeries. So also you would oblige others if you would copy Professor Lee's withering exposure of the plagiarism of Bedford in his published lecture, in which the Jack-daw was shown up in his stolen plumes, by parallel columns in the Herald and Lancet," &c.

Homœopathy.

Professor Holston, of Zanesville, Ohio, has published three lectures on Hahnemannia, as he significantly calls the system of Globulists. They are designed for the enlightenment of the sovereign people, in the hope of protecting them from being victimized by the infinitesimals. He will only have his labor for his pains, and receive more kicks than coppers from both the knaves and their dupes, and must find his reward in the consciousness of having done his duty. The tribe, like the star of empire, are journeying westward, where they will find lovers of the marvellous less numerous than here among the Yankees, who are gullible to a proverb. Dr. H.'s pamphlet is severe, because of its speaking truth in plain language, and calling men and things by their right names. We would make room for extracts, but that the sect here are now deemed not worth kicking. The most of those who remain are superannuated or broken down hard-ware merchants, comb-makers, boarding-house keepers, schoolmasters, lawyers, dentists, &c. who having failed in their several trades, have turned Homœopaths, and hope for better luck in getting a living. "Go, poor fly," said Uncle Toby, "there is room enough in the world for us both;" and a queer world it is, or rather it abounds with queer people.

Transylvania Journal of Medicine.

In the last number, Dr. Frazee vindicates himself from the charge of plagiarism implied in our jocose critique on his late translation of Pigne's paper, published without any recognition of its being previously translated several years since for the N. Y. Journal. Dr. Frazee now claims to have translated from a pamphlet published long since, and that Dr. Sayre's translation was *not used* by him. This did not authorize the *suppressio veri*, which is inferrible from his silence concerning it; for he does not now deny that he knew of such "document" having been published, which denial would have been a complete exoneration, had it been made.

Dr. F. furnishes numerous examples of variations between his translation and Dr. Sayre's, which we observed to be the case on comparing the two, in several instances; but we found other sentences, *verbatim, literalim, et punctatim*, which we regarded as a singular coincidence. As Dr. F. seems to have had in view the correction of Dr. Sayre's errors, we submit that it would have been wiser to have entitled his "A New or Revised Translation," and thus have disarmed criticism.

Our notice was playful, and intended to elicit Dr. F.'s disclaimer, which we cheerfully record.

The Northern Lancet.

Dr. Bedford's organ at Plattsburgh, as we learn by a correspondent, has taken its place among the *yellow covered literature* of the day, a distinction which its scurrility and filth is said to merit. In common with other reputable Journals we refuse its exchange.

On the Blood and its Changes.

BY RODOLF HAAS, M. D.

Late Physician in the Hungarian army, and formerly Professor in Vienna.

No. 1.

Accurate inquisitions of the most sagacious physiologists and pathologists, have proved that the blood is composed of different parts, and that the proportion of these parts undergoes certain changes in certain diseases, and also in certain circumstances of health. But all those discoveries, though they increased the sphere of medical science in regard to facts, did but very little contribute to the development of our knowledge in regard to physiological and pathological principles; by all those inquisitions we are not much farther in the knowledge of the operations by which life is carried on, neither do we know much more about the deviations of nature, by which diseases are produced. I shall consider apart the single observations made on the blood, and how much they contributed to comprehend the clandestine course of life.

The blood consists of organic and inorganic substances. The former are albumen, fibrin, red particles, and fatty matters; the latter are water and salts. In 1,000 parts of a healthy blood there are about 292 of organic substances; of which 127 are red particles, 66 albumen, 3 fibrin, and 6 are fatty matters. But all those inquisitions did not increase our knowledge of the influence of the blood in human life: we do not know more than our ancestors have known—that the blood is necessary to life—but we do not know of the single parts, more than that they exist, and some of their properties. Nothing is still certain about the scope of their existence. Fibrin being much like to the muscular substance, has been considered as the nourishment for the muscles; but lately, having been observed that the quantity of fibrin increases in some diseases in which respiration is prevented, the office of nourishing the muscles has been denied, and asserted that fibrin is only an excrementitious stuff, to be decomposed by the inhaled oxygen.

We do not know yet to what purpose the red particles of the blood, which are nearly twice as much as all other organic substances of the blood, are inservient. They cannot be applied to the formation of tissues, being too large to pass through the coats of the vessels: that they are inservient to respiration will be proved in another place of this treatise. It will suffice here the authority of Henb, who speaks about that matter as follows: The physiological and pathological theories have made the red particles to be carriers of oxygen only, for giving them some office convenient to their circumstances. But it is, according to newly made inquisitions, not at all probable that they perform that office. [Henb Rational Patholog. v. 2. pg. 138.] The purpose of albumen too, though it is beyond doubt that it is transformed in tissues, is nevertheless not thoroughly comprehended. For, if it is only inservient to nutrition of tissues, how is it to be comprehended that the venous blood contains more albumen than the arterial, as the

blood passes from the veins into the arteries through the pulmonic capillaries,—which are not inservient to nutrition, but to respiration?

The organic parts of the blood are water and salts; in 1,000 parts of blood there are 790 of water. But it is still doubtful to what scope such a quantity of water is required in the blood, so that animals can live much longer on water alone, than on dry food without water. We know, by frequent observations, that animals can sustain life by water without any food for fifty days; but they are not able to live longer on dry food without any water more than 20 days. That is quite contrary to our impressions. Albumen and fibrin alone are thought to be the nutritive matters of the organic substances; and nevertheless, injections of blood which has been deprived of its red particles, have been made into the veins of animals previously bled to asphyxia, and no revivification has been produced; but they revived perfectly after injections of a normal blood—or, of a blood deprived of its fibrin.

But it is still entirely mysterious that some parts the blood is composed of, increase in certain diseases and decrease in others:

In 1,000 parts of a normal blood there are about 3 parts of fibrin, which increases in inflammatory fevers sometimes to 10, [Andral and Gavarret;] and to 13, [Popp.] In lead diseases to 6, in the latter stage of schyrrhus to 6, in the beginning of the hectic fever of tuberculosis it increases also to 6, [Andral and Gavarret;] in hæmorrhoids and arthritis to 6, [Lehmann;] in chlorosis and anæmie to 4, in the last three months of pregnancy, also to 4; in individuals who took only meat for five days, to 6; [Lehmann.] Fibrin increases also in fasting animals; it increased in a dog who got no food for fourteen days—the fibrin increased to 4.5; it increased less in a dog who got through the same term some fluid nourishment without any food; in another who got a small quantity of food it increased but very little. [Andral *Hæmathologie*, p. 69.]

Fibrin increases also in healthy animals after bleeding. Nasse found in a dog whom he bled every day in four successive days, the fibrin increasing from 3.45 to 4.54, to 5.22, and finally to 5.7. In another dog whom he bled every second day, the fibrin increased from 3.0 to 4.22, 5.23 and 5.52. But, despite the increase of fibrin, both dogs died.

But fibrin decreases in typhus fever, morbillis, scarlatina, variola, cholera and all other toxæmic diseases. It decreases much in scurvy, and disappears sometimes entirely from the blood of individuals killed by lightning. Albumen increases in plethora; it increases some in inflammatory fevers, in most cases of scrofula tuberculosis, typhus fever, and other toxæmic diseases; and in healthy individuals after bleeding; in all other diseases albumen is in general diminished.

The increase of fibrin gave origin to a hypothesis *fibrinosis*, the increase of albumen to *albuminosis*.—Such hypotheses are dangerous to the progress of sci-

ence; mistaking effects for causes, and phenomena for principles, they call off the student from seeking ground in the terra incognita which surrounds a great part of natural science; they prevent him to look at the bottom of the operations of nature. The authors of those hypothesis consider the increase of fibrin and of Albumen as diseases of the blood, and the different exudations of the diseases, in which an increase of fibrin or albumen is met with, as affected by the tendency of nature to get rid of the superfluous fibrin and albumen. But those suppositions have no argument to be grounded upon; but there are observations which prove the opposite. The blood of individuals who take only meat, contains much more fibrin, and of those who take only vegetables contains more albumen; and neither are the former attacked with inflammatory fever, nor the latter with scrofula; and the other part of that theory, that nature is intending to deposit the superfluous, is not palatable to the present stand of the science. The period of attributing to nature certain tendencies is long over. I shall show later that the increase of fibrin, or of albumen is not the cause, but the effect of the disease; and even if we succeed in diminishing the fibrin or the albumen of the blood, we have only removed a symptom of very little importance.

The quantity of red particles in the blood is also increasing and decreasing in certain diseases, and in certain circumstances of health. A larger quantity of them is to be found in robust and athletic individuals, in cholera, typhus fever and other toxæmic diseases. The infant possesses in general a larger quantity of red particles than the adult; they increase also after the use of iron. [Andral and Gavarret.]

The quantity of red particles is to be found diminished in inflammatory fevers, tuberculosis scrofula, chlorosis, scyrrhus, morbus, Brightii, lead diseases, anæmie in the last months of pregnancy, in fasting individuals, after bleeding, and in delicate and weak persons. Having no certain idea about the formation and consumption of red particles, we cannot give account of their increasing or decreasing.

The water of the blood is also changing in proportion: it decreases in inflammatory fevers, tuberculosis, scrofula, in the beginning of typhus fever, in health after bleeding, and in the beginning of fasting.

The water increases in intermitting fever, in lead diseases, morbus, Brightii—and, what is most astonishing, that it increases also in the re-convalescence of those diseases in which it decreased during the existence of the disease. The following is the result from the experiments of Andral and Gavarret: In Pneumonia, the water of the plasma has been on the eleventh day from the commencement of the catarrh, 891; on the thirteenth day, 892. The patient got better on the seventeenth day, and eight days afterwards, or on the twenty-fifth day from the beginning of the disease, the water increased to 910. In a febris continua the water of the plasma has been 882; in the re-convalescence it

increased to 895. In another febris continua, where the water has been 890, in the re-convalescence to 905. a. s. f. Those facts are quite contrary to our impressions, for during the fevers no food and much water is taken, and very little water is carried off by urine and sweat. In the re-convalescence less water and much food is taken, and a large quantity of water is removed by the increased excretions *crystis*; and consequently during the fevers much water and less organic substances are supplied, and less water expended; in the re-convalescence, more food than water is supplied, and more water is expended; and therefore the quantity of water in the blood ought to be larger during the fever, and less in the re-convalescence.

The same difficulty is in the increase and decrease of chloride of sodium. During the fever very little chloride of sodium is to be found in urine, and nevertheless its quantity decreases also in the blood: in the re-convalescence a large quantity of chloride of sodium is carried off by urine, and nevertheless its quantity increases in the blood in relation to the organic substances.

Fatty matters increase in the blood in inflammatory fevers, though no nourishment of that kind is taken. It increases also in tuberculosis, anemia, chlorosis, icterus, in the last months of pregnancy, and after bleeding. Neither did pathologists afford yet a satisfactory explanation of the similarity of the symptoms of anemic, and hyperæmic: both diseases, although of opposite character, produce a similar effect. It is the purpose of this treatise to give a satisfactory solution to all those questions, without giving way to hypothesis.

I shall treat first on the origin of the parts the blood is composed of, then about the purpose they are made for; and from hence principles will result as corollaries, to explain the mentioned and many other questions.

Though all parts of the blood have source in the food and potion, they differ nevertheless very much regarding the means and ways they are produced.

Water is carried into the blood by drinking of pure water and other fluids, and by dry food—containing also a large quantity of water. It is also produced in the blood by combustion of azotised and unazotised parts—the azotised being decomposed into urea, uric acid, carbonic acid and water; the unazotised ones into carbonic acid and water. But that way of supplying water is too small as to be taken in consideration.

The albumen of the blood is supplied from solid and liquid nourishment, which contains albumen in large quantity. But not only the albumen of the food supplies albumen, but all other proteine substances are transformed by the action of the stomach into albumen. That is proved, 1. We find no other proteine substance in the chymus but albumen, even after animal food—the greatest deal of which is fibrin—has been taken. That shows that the fibrin and red particles have been transformed into albumen. The casein which exists in the stomach, disappears the more the farther digestion is proceeding; so that there is none in the chymus of

the intestines. 2. Tiedeman and Imelin found in dogs whom they killed, four hours after having fed them with fibrin, that substance partly already converted into albumen. 3. The red particles which are taken in animal food, must also be converted into albumen; for they cannot pass in their shape through the pores into the lymphatic or blood vessels, but they must be dissolved; and as there is no other proteine substance in the chyma than albumen, they must have been transformed into that substance.

Fibrin is in general not passing immediately from the food into the blood, but it is formed in the lymphatic and blood vessels of albumen—which is proved as follows:—

1. The chyme contains no fibrin, and the chyle contains a considerable quantity of it. As the chyle is formed of the chyme, and the chyme of the intestines contains no other proteine substance than albumen, the fibrin must have been formed of that substance.

2. The chyle, if examined immediately after its being absorbed from the intestines, contains more albumen and less fibrin than if examined after its passing through the mesenteric glands. That proves that a part of albumen is passing through the lymphatic vessels transformed into fibrin. [Henb Rational Patholog. vol. 2. p. 122.]

3. The blood contains more fibrin and less albumen than the chyle does. What could the fibrin be formed of, if not of albumen?

4. Lymph contains much more fibrin and less albumen than the blood; but as the lympe is formed of blood-serum, which have transuded through the pores of the capillaries into the parenchyma of the organs, and as that contains still less fibrin than the blood, it follows that the fibrin of lymph is formed of albumen of the transuded blood.

5. Arterial blood contains more fibrin and less albumen than venous blood does. But, as there is no *dépot* in connection with veins, where they could deposit into their albumen; and as there is no source besides the veins that the arteries could get fibrin from—but all the parts of the venous blood is carried into the arteries except the carbonic acid, which is removed in the lungs, and the arteries get no other substances, only those which have been in the veins except the oxygen from the atmosphere—it follows that a part of the albumen has been, during the passage from the veins into the arteries, transformed by degrees into fibrin, and for that the arterial blood contains less albumen and more fibrin.

6. The principal character of fibrin is its coagulability; but not all fibrin has got that property in the same degree. Some fibrin, if coagulated, is quite hard; but there is fibrin, even if coagulated, is soft,—much similar to membrane-form coagulations, obtained of albumen by adding water to it. Such a soft fibrin is to be found everywhere. The fibrin is to be supposed newly formed, as in the lymph in young animals, and after bleedings; and on the contrary, the fibrin is harder

and stronger in blood than in lymphatic vessels—in elder than in young animals. That shows that fibrin is, by degrees, formed of albumen. But the way of operating by which such a transformation is effected, is still terra incognita. We know neither by what means fibrin is in the stomach transformed into albumen. If there be any truth in the assertion of Muller, that fibrin is nothing else than albumen in a higher degree of oxydation, [Canstatt *Tahresbericht*, 1843. vol. 1. p. 130,] the mutual transformation of albumen and fibrin in one another would be easily explained. But that theory has been refuted with many arguments, and especially there is no similarity between Muller's by—and tri-axyd of proteine and fibrin. Even Muller himself has abandoned his theory.—[Liebig, *Frage sittlich und wissenschaftlich geprüft*. Frankfurt, 1846. pg. 122.] But, nevertheless, the transformation of fibrin into albumen, and albumen into fibrin is sufficiently proved, and we have to take the facts without any commentation: fibrin is in the stomach converted into albumen, and albumen is in the blood—and lymphatic vessels converted into fibrin. Red particles are formed of albumen, iron, water and salts. They consist of a shell and a nucleus; the shell is composed of some proteine substance and iron. The nucleus is nothing else than bloodserum. As nothing can enter from the intestines into lymphatic and blood vessels, only through their coats, it follows that the red particles, being unable to pass the pores, must be formed in the lymphatic or blood vessels. Their proteine substance must heretofore have been taken either from the albumen or the fibrin of the blood;—but, as it is more similar to albumen than to fibrin, [Dumas, *Gazet Médical* 6. Juin 1846,] it is therefore the most probable that it is formed of albumen.

Fatty matters are carried from the intestines into the blood and lymphatic vessels. Fat is also carried into the blood from other parts of the body, where it is deposited. That is proved by the observation that, whenever the fat of the skin decreases, it increases in the blood, as was the case after bleedings, in fasting, fevers, tuberculosis, etc.

Chloride of sodium is carried into the blood with the nourishment.

Phosphates are also carried into the blood with food and water, but some are reproduced in the decomposition of proteine substances.

The expenditure of different parts of blood is also very much at variance. The place, too, where they are expended is also different. I shall consider the expenditure of the single parts the blood is composed of apart:

Albumen is expended, as it has been proved above, to the formation of fibrin and red particles of the blood. It is beyond doubt also applied to the formation of different tissues,—as that of nerves, membranes, etc.

Fibrin is applied to the formation of muscles, and perhaps of other tissues too. Although the fibrin of the blood is not entirely similar to fibrin of muscles,

nevertheless it is the most probable that the fibrin of the muscles is formed of fibrin of the blood; for, there are no other substances in the blood that muscular fibrin could be formed of, than albumen and fibrin,—but, as the fibrin of the blood is much more similar to the fibrin of muscles than albumen is, it is the most probable that the fibrin of the muscles is formed of the fibrin of the blood.

It has been asserted, that the fibrin of the blood is consumed by being combusted by oxygen which is inhaled; that theory has been grounded upon the observation that the quantity of fibrin increases in diseases, where oxygen is not inhaled in sufficient quantity, as that is the case in Pneumonia and pregnancy.

But that argument is not at all proving the assertion; for 1. There are many other diseases, too, where the quantity of fibrin increases, although oxygen is sufficiently inhaled, as that is the case.

A. In such inflammatory fevers, where the inflammation is not in the lungs, but in some other organs. B. In Anaemic and Chlorosis oxygen is also inhaled in sufficient quantity, and nevertheless fibrin is increasing. That in these diseases oxygen is inhaled in normal quantity is proved from the normal quantity of carbonic acid which is exhaled, and the normal degree of temperature, but as carbonic acid and warmth are resulting from the combustion of organic substances by oxygen, we can conclude from the presence of the same quantity of warmth and carbonic acid to the same degree of combustion, and from them to the presence of the same quantity of oxygen. That will find a thorough exposition on another occasion of this treatise.

2. There are diseases, in which fibrin is diminished, although they are joined very often with pneumonia, as that is the case in typhus fever, and other toxæmic diseases.

3. According to that theory fibrin ought to increase very much in diseases, where inhalation of oxygen is entirely suspended, as in asphyxia; and nevertheless we find the fibrin rather diminished.

4. The arterial blood contains more fibrin and more oxygen than the venous blood, and according to that theory of fibrin combustion, the contrary ought to be the case. For as soon as oxygen enters the arterial blood in the lungs, that fibrin which comes in contact with oxygen would be burnt, and thus the blood running through arteries would lose a great deal of its fibrin till it reaches the veins.

The authors of that hypothesis had the intention to cut through the Gordian knot of respiration, by attributing to the oxygen the functions of burning fibrin, and ridding the blood of a dangerous stuff; and according to them only for that purpose, animals are compelled to inhale a large quantity of oxygen. But no Physiologist of any value, gave his adherence to that false theory. For the dangerous influence of fibrin can be proved, neither *a priori* nor *a posteriori*. But on the contrary, it is most probable, that fibrin is necessary to the formation of muscular tissues.

Such hypotheses are not only of no value to any knowledge, they are even very dangerous to a knowledge like medicine. For instead of dispersing the clouds, which are still veiled upon the greatest part of medical science they serve to increase the chaos.

The way on which red particles of blood are expended is still entirely unknown. Valentine says, there is no doubt, that the red particles are consumed, because, otherwise, the blood vessels would very soon be filled with them; as we are certain that daily new particles are formed. But we do not know where they are consumed, whether in the vessels of the whole body, or in the vessels of only one organ. But as all parts of the body are injured by doing their function, so certainly the red particles too; for inquiring consequently in the way the red particles are consumed, we have first to examine their function, which equally is not yet ascertained. It is beyond doubt, that they cannot in normal state pass the pores of the capillaries, and can for that reason never be transformed into tissues; and nevertheless, it seems that they are of the greatest importance to the animal body, as they form the greatest part of the solid matters of the blood. The most physiologists suggest, that *the red particles of the blood are the organs of respiration*. They are supposed to attract oxygen of the atmosphere, and carry it to all parts of the animal body, where they attract carbonic acid and carry it to the lungs, where they exchange it with the oxygen of the atmosphere.

That theory is supported by the observation that the red particles change color by changing gas, they become light red by attracting oxygen and dismissing carbonic acid, and become darkened by attracting carbonic acid and dismissing oxygen.

But it is easily comprehended that such an argument is of no value. For a property of a body is never proving for its destination; a wooden house is not made to be burnt, although the wood has got the property to be burnt by fire. The properties of a body are to be attributed to the parts it is composed of, which properties can never cease, as long as the body will remain in the same composition, although the body can serve to many purposes. The red particles could be destined by nature to carry gas, without having the property of changing color by changing gas, but the contrary can also be the case. Henb says, "If the property of changing color can serve as an argument to prove the destination of the red particles, we can attribute to them the absorption of water just so as the absorption of gas. For they change as well color by absorbing water as by absorbing gas." [Henb, *Rational Patholog*, vol. 1, p. 87.]

That the red particles have not the function of absorbing and dismissing gas, will be proved in the following:

1. If that be the case, it would follow as a consequence, that whensoever those particles are diminished, less oxygen is absorbed, and combustion which depends

on the existence of oxygen, decreases; the production of carbonic acid, and the evolution of heat, both depending on combustion must decrease too. But the contrary is stated by experiments. It has been observed by Hannover, [Roser and Munderlich Archiv. 1846, p. 134,] that chloretic individuals respire more carbonic acid than other individuals. Andral never found the temperature decreasing in those individuals.

In inflammatory fevers temperature is not diminished after many bleedings, although the quantity of red particles is certainly much diminished. But not only the temperature, and the quantity of the removed carbonic acid of individuals laboring with deficiency of red particles are proving against that theory, but the color of the blood does the same. For the color of the blood of chloretic and tuberculous individuals is lighter than in general, which can only be attributed to an increase of oxygen.

2. Infants need but very little oxygen for sustaining life, they are sometimes covered, and prevented from inhaling a fresh air for hours, without suffering the least disadvantage from it; that shows that infants need but a small quantity of oxygen for sustaining life. That is also proved from the imperfect state of their organs of respiration. But if the red particles would have the function of attracting oxygen, infants ought to be possessed but of a small quantity of those particles, and we find the contrary, they are endowed with more of them than the adult; and certainly nature does never operate in such a contradictory way. We find even that those children who have got a small quantity of red particles, are sickly and delicate, and candidates for serofula and tuberculosis.

3. It is observed by physiologists that all individuals with strong and well evolved muscles, are also endowed with a large quantity of red particles, and on the contrary, delicate and weak persons have got but a small quantity of them. That is a rule without an exception. If red particles have no function in the department of nutrition, the coincidence of a large quantity of those particles with the robust and athletic constitution, and their deficiency with a weak and delicate one, is hardly comprehended. How contribute red particles to the evolution of muscles, if they do nothing else than carry gas.

4. The experiments of Brunner and Valentin prove that the red particles have not more influence on the respiration than the other parts of the blood. These physiologists found that respiration is nothing else than the physical process of *Diffusion of gas*, according to which, every fluid, of whatsoever properties, and of whatsoever elements, running through the lungs would effect the same exchange of gas. If water would run through the lungs impregnated with the same quantity of carbonic acid, it would affect respiration, would repel the same quantity of carbonic acid, and absorb the same quantity of oxygen that blood does. It is here-

tofore certain that the red particles are not to be considered as the only parts which effect respiration. If they influence respiration, they do not do it with preference, not more than the other parts of the blood.

But the coincidence of an abundance of red particles with robust and athletic constitutions, and a deficiency of them with weak and decrepit ones, shows that *the red particles have their function in the process of nutrition and evolution of the body.* For comprehending the way they influence nutrition, we have to consider the way that process is carried on. It is an indisputable fact, that the system of blood-vessels neither interrupts nor communicates with other systems except with the large ductus of the lymphatic system; that the blood can never leave the vessels in health but by passing through the pores of the vessels; and that nutrition is only effected by the blood which passes through the pores of the vessels into the parenchyma of the organs. It follows that *nutrition depends on a sufficient extension of the capillaries.* For if the vessels be not sufficiently extended, very little nutritious matter can pass through their contracted pores. But the sufficient extension of the capillaries is not only necessary in regard to the quantity, but also in regard to the quality of the blood; through small pores can only pass a blood, which contains but very little nutritious matters. That is proved by the experiments of Kurschner, Liebig, and Brück. These physiologists have observed that through small pores, only water and dissolved salts can pass; but the pores must reach a certain degree of extension for transmitting albumen and they must be still more extended to afford a passage to fibrin. [Wagner Handwörterbuch der Physiolog. vol. 1, p. 62.—Liebig Untersuchungen über einige Ursachen der Säftebewegung, 1846, p. 6.] Brück's experiments especially are very valuable in that respect. He says "We can draw from these experiments the following conclusion: It is dependant on the distension of organic membranes whether only water and dissolved salts, or albumen, and fibrin can pass through them. (Brück de diffusionis humorum per septa mortua et viva Berolini, 1842, p. 35.)

The mucus of the nose is in winter thin and dropping, containing a great deal of common salt; and very little albumen, in summer it is thick, sticking and containing very little of that salt, but much of albumen. Because in winter the capillaries of the mucus membrane of the nose being contracted, does not allow to pass only water and dissolved salt; but in summer the pores of that membrane being now opened by the heat, gives passage to thicker substances too.

It is accordingly of the greatest importance for the nutrition of tissues that the capillaries be sufficiently distended; as only their albumen and fibrin can pass into the parenchyma; but if they are but very little extended, neither albumen or fibrin, but water and dissolved salts can pass, which substances do not afford matters for nutrition of tissues. It follows that all such bodies, which effect the distention of the capillaries, afford by

doing so, assistance to the nutrition of tissues. We shall show that the red particles of the blood do distend the capillaries. For a great many red particles have got a larger diameter than a great many capillaries: the red particles in men measure in their diameter from $\frac{1}{100}$ to $\frac{1}{80}$ of an English inch; the capillaries of the brain of men have got a diameter of $\frac{1}{100}$, the diameter of the capillaries of the mucus membrane of the large intestines is from $\frac{1}{100}$ to $\frac{1}{80}$. It is a matter of course, that when particles are pressed through capillaries, which are of a smaller diameter than themselves, they must either contract in their breadth, or extend the capillaries; but the former cannot be the case, for the blood is pressed through the capillaries by the contractions of the heart and the arteries, it has consequently the pressing force behind, and a body which is pressed behind, cannot grow longer, as the force by which it is pressed, is operating in his back, and for growing longer his back must go backwards. But the contrary must take place, if the body is an elastic one, like the red particles are, and his breadth must increase, and his length decrease. It is therefore beyond doubt that the red corpuscles, while being in circulation, never grow smaller, and if they pass through capillaries, which are smaller than themselves, they extend such capillaries. That can be seen by pressing an elastic globe through an elastic tube, whose breadth diameter is less than that of the globe, the globe as well as the tube grows larger. It makes no difference what kind of stuff the pressing force is composed of, if it is a club or a membranous body.

(To be continued.)

College of Physicians and Surgeons.

The Circular of this Institution, with the catalogue of officers, announcement of lectures, &c. for the session of 1852-3 has been issued. By this document it will be seen that arrangements have been made to superadd to the regular course, a general outline of Natural History, including Philosophical Botany and Zoology. One evening in each week is to be thus occupied, by Drs. Torrey, Gilman, Clark, and Bartlett, thus combining instruction with entertainment, which cannot fail to be appreciated by the students of the college. We predict a larger class than ever for this school, now that the days of humbuggery are numbered, by the exposure of the quackeries which have so long retarded medical education in New-York. No school can longer survive in New-York by vaporizing flourishes, which are now beginning to be understood by the profession at home and abroad to be only a farce, and to end in gas. Those schools and those only deserve to be sustained, which are conducted in conformity to our Code of Ethics, or in which the morale of the profession is not habitually disregarded, or recklessly outraged by any member retained in its Faculty. *Verbum sat.*

Spirits Rapping.

We learn by the Opal, published by the inmates of the State Lunatic Asylum at Utica, that there are in that refuge at present, 14 victims of this stupid and infamous imposture, whose insanity is ascribable to this source. This is only the beginning of the end. "Whenever any man professes to be wiser or better than the Bible, he is sure to be wrong," and all such are either knaves or fools, or a little of both. Knavery on such subjects, seems to be judicially visited by the terrible retribution of Insanity. "Quem Deus vult perdere, prius dementat," is thus literally fulfilled. Let the multitudes now on the threshold of this delusion all over our country, *beware!* All who make gain of this high-handed iniquity, or give countenance to those who do, are assuming a fearful responsibility.

Dr. Gardette

of Philadelphia has published a pamphlet on the professional education of Dentists, in which he espouses the views of Dr. Trenor with signal ability. Our limits preclude extracts for the present. The whole may be found in the Medical Examiner for June.

[From the Transactions of the College of Physicians, Philadelphia.]
Instrument in cases of Retroverted Uterus.

Dr. M. asked leave to present to the Fellows another instrument. Very long and considerable experience in the treatment of diseases of women had convinced him, he remarked, that the major part of them originated in displacements of the womb, especially in retroversion of that organ. Nothing can now make him believe that he is wrong in supposing that seventy-five per cent. of the sexual diseases of non-gravid women, for which medical men are appealed to to treat, consist in, or are an aggravation of, retroversio uteri. Assuredly he has found retroversion in three out of every four persons who have thus appealed to him for many years, and that, whether the cases have been regarded as leucorrhœa, dysmenorrhœa, menorrhagia, prolapsus, tumor, &c. &c.

Like other medical people, he has found these cases very troublesome, and difficult to cure by the various apparatuses proposed since the days of Hippocrates. He has, in some instances, found it impossible by means of the instruments proposed to maintain the uterus in *situ naturale*, that is, with the os uteri within the natural distance from the fourth segment of the sacrum.

The cause of this difficulty he has conceived to be that, in a woman who has long labored under retroversion, or in whom the os uteri has rested for months, or for years, close to the symphysis, the anterior column of the vagina has become so condensed by the operation of the law of *contractilité par défaut d'extension*, as Bichat calls it, that, when the surgeon has reposit the womb, and conducted the cervix backwards to its place near the lower end of the sacrum, and placed a

globe, an oviform, or other pessary there to retain it in its place, the condensed anterior columna vagina slowly but surely contracts like a piece of caoutchouc, and pulls the os again forwards over and above the pessary, whereupon the retroversion instantly takes place, the round ligaments, &c. being too relaxed to prevent the fall. In this condition, the patient begins to suffer worse pains than before, having to contend not only with her retroversion, but the evil effects of the instrument besides.

As the antero-posterior diameter of the pelvis is four and a half inches, it is clear that any apparatus designed to hold the cervix in a position near the apex of the sacrum, must be a large instrument. But when large, the adjustment of them is painful—or even, in some instances, impracticable. It has been long a desideratum to obtain an elastic ring that can be compressed into a very narrow oval, for the adjustment, and may afterwards be allowed to expand again into a circle.

No person has yet invented such an elastic pessary as may safely be adjusted and left in *situ* for an indefinite period.

The pessary, made of a bit of watch-spring bent into a ring, and rivetted, then served with cord or bobbin, and afterwards imbibed full of boiling virgin wax, is a perfect instrument for this object, save that it requires too frequent renewal, which is disagreeable and even offensive to delicacy, since in all such operations it is desirable to have done with them at once, if it be possible.

Some time since, Mr. Joseph Warner, at Dr. M.'s suggestion, took a tube nine inches long—the size of a swan's quill. It was bent into a ring, the ends being united by silver solder. It was fire gault, and when completed weighed seventy-two grains.

If such a ring be made with absolutely purer silver, having no alloy, it is almost as pliable as a block-tin bougie. The ring may be compressed betwixt the hands into a very narrow oval, so as to admit of a painless adjustment, and then moulded or pulled into its circular form again, after it has taken its place in the vagina.

Suppose such a silver-gilt ring, three inches in diameter, to rest one arc behind the symphysis pubis, and with the opposite arc to lie in the posterior *cul-de-sac* of the vagina, just behind the cervix uteri—is it not manifest that it will effectually tie the os to a place near enough to the apex of the sacrum—keep the fundus up and in the axis of the plane of the superior strait—and thus not only give time for the ligaments rotunda to recover their density, but overcome this long, habitual condensation of the anterior columna vaginae?

Dr. M. believed that no case of retroversio uteri, unattended with enormous hypertrophy or heterologue development of the womb, can fail to be cured by a

discreet use of this instrument; nor does he believe that about seventy-five per cent. of sexual maladies will yield to any treatment unless aided by some such internal truss.

The replacement and retension of the dislocated womb in its natural position were, Dr. Meigs remarked, of vast importance, as well as to relieve the female in whom the displacement has occurred from much distress and suffering, as to ensure the safety of the organ itself. The uterus is subject, physiologically, to frequent states of congestion and hypertrophy. During pregnancy, we find it to become hypertrophied to a very great extent. But this being strictly a physiological condition, it ceases as soon as the necessity for its continuance is removed. Thus, after the maturation of the ovum and the expulsion of the foetus, the uterus begins to lose its increased bulk, and in forty days returns in general to its normal, non-hypertrophied condition.

But this very physiological tendency to augmentation of vascularity and bulk renders it liable to similar pathological conditions from the various irritations and injuries to which it is subjected. When retroverted, the womb is in a state of irritation, and liable to become hypertrophied, a condition from which it cannot be relieved, so long as the retroversion continues, by any course of treatment short of replacement and retension in its natural position; but let this once be effected, and the womb hastens to disgorge itself, the abnormal amount of matter which has been deposited in its tissue disappears, and it speedily returns to its natural size and condition.

From the N. O. Medical Register.

Microscopic Observations on the Blood.

BY PROF. J. L. RIDDELL.

DEAR SIR:—In compliance with your request, I make you a statement of the apparent structure of human blood corpuscles, as seen through the last and best of Spencer's Objectives. The glass in my possession, finished about a month ago, is rated by Spencer as a sixteenth. Its angle of aperture is 174° . It defines the most difficult of that most difficult test, Grammatophora subtilissima, by diffuse day light, without the use of condensers. He assures me it is the best he has yet made; and if so, it is the best microscopic lens in the world.

Blood corpuscles are seen to contain a variable number (a dozen or so,) of nuclei, which give a stellated or mulberry-outline and surface to the corpuscle, when the enveloping membrane contracts by exosmosis. But more interesting by far, is the appearance of comparatively minute *nucleoli*, which are clearly brought to sight in all blood corpuscles without exception, by bringing in contact with the blood, tincture of iodine diluted with water. The number of these visible nucleoli in each corpuscle amounts to hundreds. So far as I have examined in like manner the blood of other ani-

mals, the same structure is discernable. I have not yet examined the matter closely enough to demonstrate absolutely, that this appearance is to be referred to pre-existing structure rendered visible by the coloring influence of the iodine. It may possibly be due to the precipitation of albumen. However this may be, we may safely affirm that a blood corpuscle is a highly organized cellular body.

Yours truly,

DR. A. F. AXSON,

University of La. May 26, 1852.

J. L. RIDDELL.

NOTE.—The lens used by Prof. Riddell in making the observations recorded above, is admitted by all who have examined objects through it, by Prof. Jones, who is one of our experts in microscopy, by Prof. Hunt, as well as by the maker of it, Spencer, to be the very best in the city, and perhaps the best ever made by him. It certainly displays what Prof. Riddell regards it, by far the most interesting feature in connection with human blood, and what he unhesitatingly calls its nucleoli, in a very clear and palpable manner. This was seen repeatedly by myself, and in a manner distinct and well defined. But we acknowledge to some hesitancy in admitting what we saw as nucleoli, and our doubts repose mainly upon what has been demonstrated by Wharton Jones and Paget as the order of the development of the blood and the different phases it presents not only in the different orders of animals below the mammalia in the vertebrate class, but at different periods in these latter from embryonic to complete life; and partly upon the observations of Mandl on human blood, as seen through the microscope, as far back as '43. We shall briefly let these several authorities record our doubts, at the same time we are free to admit that we are not so completely enslaved to the authority of names as to be unwilling to admit that an important discovery has been made, because it happens to be made at home and by one of our cotemporaries.

Mandl describes the appearance which we recognized, and which is well drawn in the Plates of his work, to the act of dessiccation and decomposition of the blood globule, and indeed the fact of their not being immediately perceptible when placed in the field of the lens, but becoming more so, progressively as time elapses or the iodine is added, gives strength to this assumption. But we shall let him speak for himself. "Les changements que s'opèrent dans les globules par le dessèchement, par leur décomposition dans le serum sanguin ou par l'action de substances étrangères sont très remarquables. La décomposition des globules sanguins s'opère très-vite, surtout en été; elle est probablement produite par l'altération du serum. Les globules deviennent érénelés sur leurs bords; il se forme des plis qui se continuent jusqu'à quelque distance vers le centre, et qui en ont été pris par quelques auteurs pour des compartiments internes. Peu à peu ces plis divisent plus profondément la membrane du globule; le bord paraît alors composé de petits granules (8 à 10 chez l'homme) quand la décomposition est plus avancée, la forme normale primitive du globule se trouve encore plus profondément altérée; enfin il se dissout entièrement. La dessiccation produit aussi des érénelures sur les bords. Dans les globules ronds on trouve seulement quelque fois un petit granule central, qui d'autrefois n'existe point ou ne se produit que lorsqu'on fait dessécher les globules. De là les diverses opinions des auteurs sur la présence ou l'absence d'un noyau central dans les globules des mammifères." Pages 248 et 250 Manuel D'Anatomie General. In the beautiful plates to Donné and Foucault's Cours de Microscopie, the identical changes on the face of the globule are given with perfect distinctness, and by them regarded as arising from the process of dessiccation. But the most forcible argument against the inference of nucleoli, as I conceive, is derived from the order of development of the blood globule in man from embryonic to perfect life. I cannot do better than to give Mr. Paget's observations in his own words. "The development," says he "of the first set of blood corpuscles appears to be uniform in all the classes of the vertebrata; namely, in all from the em-

bryo-cells of the vitelline membrane or germinal area into nucleated red blood-cells, the principle visible changes, being the disappearance of granules, the greater prominence of the nucleus, and the acquirement of color. And in their most perfect state the corpuscles of the first set are in all the vertebrate classes nucleated cells. Those of the human embryo are circular, thickly disk-shaped, full-colored, and on an average about one-twenty-five-hundredth of an inch in diameter. Their nuclei, which are about one-five-thousandth of an inch in diameter, are central circular, very little prominent on the surfaces of the cell, and apparently slightly granular or tuberculated." This is the first state of the development of the blood corpuscle in the vertebral class; a second, says Paget, "follows as soon as lymph and chyle begin to form and be added to the blood, the corpuscles of which soon supersede those produced in the manner just described. After once appearing, the new blood corpuscles seem exclusively derived from these lymph and chyle corpuscles. These two sets of corpuscles appear mingled in the blood for a short time, but not longer than in a human embryo two months old, unless in cases of arrested development. While the red corpuscle of the first set are always characterized by their larger size and their nuclei, those of the second set in man clear up, acquire a uniform color, and become the homogeneous contents of a cell without nucleus." He adds, "for though the nucleated cell is commonly regarded as a higher development than the cell without a nucleus, yet, since in the blood of the mammalian embryo the latter supersedes the former, and is adapted to the general advance of development, we may be sure that in this instance at least, the cell without a nucleus is the higher form." Yet we are open to conviction, and hope that our contributor will diversify and systematize his observation, and give them in such form as will cause other observers to re-examine the grounds on which our present opinions repose. He has the ability and leisure to do this, and, we trust, the inclination and will.—Ed.

Hospital for Drunkards.

When the Legislature, or private charity, shall provide a receptacle for that degraded portion of society, drunkards, it will be a triumph of benevolence, and the Institution will doubtless be filled. For years past, the subject has been agitated; but beyond suggestions, and strong hopes, nothing has been accomplished. It is now a settled opinion that intemperance is a fixed disease, for which there is no remedy, and humanity and economy suggest that asylums should be reared for housing and giving employment to such as cannot be provided for by their friends. As the whole ground has been repeatedly gone over, and enough written in favor of the project, if it is ever to be undertaken, by this or any other State, a further discussion would be useless. Physicians trace many an ill to that great fountain of disease, gross violations of the laws of health, through habitual tippling, and the poor-houses are filled with living evidence of the physical and mental debility, to say nothing of poverty and crime, that is referable to this growing vice of the land. We commiserate the Chinese opium smoker, who is supposed to be ignorant of the effects of his besetting sin; but we deserve no compassion. Position, education, social relations or family obligations, have no restraining power, and the inebriate drops himself down into a premature grave. We should like to have something done as well as said, in regard to such a public receptacle, on account of the moral effects it might have.

Boston Journal.

The Deaf and Dumb, Blind, Insane and Idiotic of the United States.

The *Washington National Intelligencer* publishes a tabular statement compiled from the Seventh Census, showing the number of deaf and dumb, blind, insane and idiotic persons in the United States. The aggregate of the deaf and dumb persons in the United States is 10,103—of whom 5,231 are white males, 4,519 are white females, 354 colored males, and 280 colored females. The aggregate of blind persons is 9,702—of whom 4,519 are white males, and 3,478 white females. The aggregate of insane persons is 14,768—of whom 7,669 are white males, and 7,456 white females. Of idiotic persons the aggregate is 25,706—of whom 8,276 are white males, and 6,944 white females. The total aggregate of persons suffering under the afflictions enumerated is 51,279—of 46,852 are whites, and 4,427 colored. This would seem to indicate, says the *Baltimore American*, that the blacks suffer but slightly from those afflictions which are generally considered the most calamitous to which human nature is liable.

Epidemic Diseases of Ohio, Indiana and Michigan.

At the late meeting of the American Medical Association the undersigned was reappointed chairman of a committee to report upon the Epidemic Diseases of Ohio, Indiana and Michigan at the next meeting of the Association to be held in New-York, in May next. In fulfilling the object enjoined upon the chairman, he has appointed N. Johnson, M. D. of Cambridge City, Ind. Z. Pitcher, M. D. of Detroit Michigan, and D. Tilden, M. D. of Sandusky, Ohio, as members of the committee. It is desirable that as complete a report as possible be made, and the co-operation of the profession in these states is therefore most earnestly requested. Information is especially desired on the following subjects:

Epidemic Cholera,	Typhus and Typh. Fevers.
Cholera Infantum,	Whooping Cough,
Diarrhœa,	Influenza,
Dysentery,	Measles,
Erysipelas,	Scarlet Fever,
Interm. and Rem. Fev.	Small Pox, &c.

Any other form of disease appearing as an epidemic will be understood as being included along with the above.

The points of greatest interest to which attention is particularly invited are, Causes giving rise to and favoring the propagation of disease or checking its progress; Prophylactics; Influence of Age, Sex and Nativity; Prominent Symptoms; Extent of Prevalence; Proportional Mortality; Post mortem appearances; Treatment; Duration of individual cases of disease; and any other points that may in any way bear upon the subject, such as Soil; Geological formations (illustrated by a map when practicable); Natural Productions; Condition as to Improvement; Water; Meteorological Observations, &c.

It is preferred that reports be made to Jan. 1st 1853,

including the previous year. If any remarkable visitations of disease should have occurred previously to that time, an account of them will be acceptable, carefully designating the day of occurrence.

General Medical History, also of the *changes* which have occurred in particular districts in diseases since the settlement of the country, will be gladly received.

It is desirable that all reports made to the committee may be forwarded so that they may be in the hands of the chairman by the 15th of January 1853.

The Chairman takes this method of thanking those physicians who sent him contributions for last year's report, and hopes that they may repeat them for the present year.

It is hoped that this appeal to the profession will be responded to, and that every member will feel himself called upon to contribute something to the general fund of knowledge on these subjects.

Contributions may be sent to

GEO. MENDENHALL, M. D. *Chm'n.*
Cincinnati, Ohio.

Z. PITCHER, M. D. Detroit, Mich.

N. JOHNSON, M. D. Cambridge City.

D. TILDEN, M. D. Sandusky, O.

[Wayne Co., Ia.

P. S. The committee would respectfully solicit the aid of County and other Medical Societies; which can be efficiently rendered by members making brief reports of the diseases of their respective neighborhoods to the secretaries, who can condense them and furnish the result to the committee.

From Dr. Milroy's Pamphlet on Cholera.

After this brief sketch of a disease whose history, in more respects than one, presents a striking analogy to that with which we are more immediately concerned, the reader will, I trust, be better enabled to follow me in the examination of the very important question—How is the epidemic cholera conveyed from one part or region of the world to another? And here I cannot but remark *in limine* that very much of the error and misconception, which have prevailed on this subject, has arisen from the contracted and unwise manner in which it has been looked at. It has been far too generally supposed that there can be only two views of the question under consideration, and that one alone of these can be right, the other being consequently wrong;—either that the disease is infectious,* and therefore that its diffusion is owing to its being transmitted from one person or body of persons to another; or that it is not infectious, and therefore that its spreading must be due to some other agency. Hence has arisen the division of medical men into infectionists and non-infectionists, as if there was necessarily a broad and well-marked

line of demarcation between the opinions of the two parties. I am not speaking, be it remembered, of the advice founded upon these opinions, but simply of the opinions themselves, as a subject of philosophical inquiry. Now, is it not the case that a disease, although not primarily or essentially infectious, may acquire this quality under certain circumstances and in peculiar conditions? Is it not admitted by almost every medical man in the present day, that Erysipelas and Dysentery, for example, are occasionally liable to become communicable in this manner?—and yet no one would dream of making infection a necessary attribute of either of these diseases.

In my remarks on the Influenza, I have said that it is scarcely, if at all, infectious. That it sometimes appears to be so, cannot be disputed; for it has been over and over again observed that, when a person, laboring under this disease, has entered a house as yet free from it, the inmates have become effected before the epidemic, had fairly manifested itself among the neighbors. But then, as Dr. Copland* very justly observes, "it must be conceded that this infection was a very subordinate cause to that upon which the epidemic principally depended, and that it was merely a concurrent and contingent circumstance in the diffusion of the complaint." To the same effect, Dr. Hancock, another most able writer upon the subject, says:—"Upon the whole, it would appear that some general cause, if not originating, at least subsisting in the atmosphere, and depending upon its changes, progressive also in its movements from place to place and from country to country, gives rise to the disease; but that it is probable that a *limited propagation also takes place by personal intercourse*, under the influence and during the continuance of the epidemic constitution."<†

We thus see, on the one hand, that a malady not originally and necessarily infectious, may become so under certain unsalutary circumstances; and, on the other hand, that infection may act an occasional and very subordinate part in the diffusion of an epidemic which is recognized by all writers, without exception, to depend upon a certain (unknown indeed) atmospheric malarial. Ought not these two great facts to be steadily borne in mind, when we undertake to discuss the question as to the mode in which the Asiatic Cholera has spread over the world? It is not enough to be able to adduce a few cases where the disease seemed to have been communicated from person to person, or conveyed from place to place. This may have been the case; I am not either willing or careful to contradict the statement; for it is certainly far from being improbable that human communication has, in a degree, although a very partial one, had something to do with the dispersion of the disease;—perhaps in a manner not altogether dissimilar from that in which the seeds of certain plants, although

* I need scarcely say that Cholera is not *contagious*—using this word in its proper sense of "communicable by contact"—and that scarcely any one now holds the extravagant notion of its ever being transmitted by *fomites*.

* Dictionary of Practical Medicine. Art. Influenza.

† Cyclopædia of Practical Medicine, *loc. cit.*

doubtless scattered over the wide surface of the earth, are universally found to follow the footsteps of man wherever he settles. The admission that man, the recipient and victim of the morbid miasm, may be made a subordinate agent in its dissemination, goes very little way to settle the main point at issue; for it is obvious that all the while the atmosphere may be the grand channel and medium by which it is diffused; and it would be quite as reasonable to build a general argument in a great medical question upon a few isolated and irregular examples, as for a pilot to judge of the wind by the mere vane on the vessel's side, without ever lifting his eye to watch the course and aspect of the clouds; or for one engaged in surveying a line of coast to mark the eddies along the shore, and neglect to trace the currents of the ocean stream. Yet, has not such been too often the case with many medical writers on the subject of our present inquiry? Having witnessed one, two, or more instances which, to them, seemed to be unequivocally infectious, they have forthwith sought to establish a general conclusion, and tried to make out that personal transmission has been the great, if not the only agent in the dissemination of the disease. This idea once adopted, the most recalcitrant facts have been tortured into submission, while others, which could neither be gainsaid nor resisted, have been either slurred over or altogether concealed; it being perfectly obvious to every one that, if the pestilence could spread itself in other ways besides, and independent of personal communication, all preventive measures based upon this principle must be utterly nugatory.

I need scarcely say that it would be quite unprofitable to enter upon any discussion of the innumerable arguments *pro* and *con*, derivable from the consideration of individual cases or isolated sets of cases, that have been adduced on the opposite sides of the question. The very same facts have not unfrequently been brought forward in favor of opposite opinions. It can, therefore, be of no use to reproduce the multitudinous assertions, negations, re-assertions and re-negations, which have at different times been made, and whose effect has only been to bewilder and confound the reader, more especially if he be an unprofessional one. Such labor moreover is surely not necessary in the present day, as it will not be difficult to come near the truth in a much simpler and more conclusive way.—And first, I would remark that even the most ardent advocates for the infectiousness of Cholera admit that the disease, prior to 1817, did not exhibit this character. Does not this circumstance alone suggest the unlikelihood of its subsequent diffusion being attributable to a cause or agency not previously in operation? It has, indeed, been just now admitted that a disease may, under certain circumstances, acquire infectious properties which it did not possess before; but then the nature of these circumstances is universally such as to create that vitiated state of atmosphere which, it is well known, is always liable to engender Typhus fever; viz. whenever

a multitude of human beings are congregated together in a confined, ill-ventilated space, and especially when poverty, filth, and mental wretchedness are present at the same time. Very different from all this has been the history of the rise and progress of the Gangetic pestilence, since it burst forth in 1817. How or whence it arose we cannot tell. Of its immediate or exciting causes we know just about as little as we do respecting the origin of that blight which, during the last two years, has told so heavily upon our nation's welfare. Nor can I pass over this allusion without a word of comment; for, there is anything (as indeed has been already remarked in a previous page) but a forced analogy between the epidemics of the two kingdoms of animated nature; and, if I am not much mistaken, there would be nearly as much wisdom in seeking to keep out the one as the other, by any artificial means of attempted prevention. Few themes would be more interesting, perhaps instructive also, than an exact and accurate history of the geographical distribution of wide-spread blights and mildews in the vegetable world. But this is a subject of which I am wholly ignorant. I may merely mention that, for several years prior to the outbreak of the potatoe disease among us two years ago, it had been observed, in a partial degree, in different quarters of the globe; as in several parts of Germany, in the United States, and even in the Southern Hemisphere, at the Cape of Good Hope, and elsewhere. Now, when we see such indubitable evidence of the migratory course of the pestiferous *something* (let us call it with the forefathers of our profession *res divini*, *quid divinum*, as a reverential expression of our ignorance) which produces a wide-spread and desolating epidemic in the vegetable kingdom, why should we hesitate in admitting the existence of a similar, I do not say an identical, cause in the case of epidemic diseases in the animal one? The cases are very strictly analogous in many points of view, which want of space alone prevents me from setting forth at large.

But there is one topic, mixed up though it necessarily be with a good deal of hypothetical speculation, to which a passing allusion may not unprofitably be made. It is well known that many sorts of blight among plants are unquestionably owing to the existence of swarms of the minutest insect tribes, which at particular times and in certain localities become developed, and spread over a large portion of the globe, sometimes irregularly and diffused, at other times along certain tracts which can be distinctly defined. Now, why may not some epidemic diseases it has been very reasonably argued, in the animal kingdom be owing to a similar agency? There is certainly much to warrant the idea; and, at all events, it explains, better than any other hypothesis, many of the phenomena of the moving course of such maladies as the Cholera and the Influenza.*

* Most professional readers are doubtless acquainted with the beautiful essay of Dr. Holland upon this subject, in his "Medical Notes and Reflections"—London, 1840.

But, without pursuing this very interesting subject, incapable as it is of direct proof, I have now to solicit the reader's attention to one or two recognised and well-established phenomena in the history of the former of these diseases, as they seem to me to afford almost infallible evidence that its producing cause is present in the atmosphere, and is susceptible of aërial transmission, quite independently of all human communication. It has been mentioned, in our short narrative of the present epidemic, that the countries in advance of its course, or, in other words, westward and somewhat northward of the line which it has followed, have almost invariably suffered with a mild and mitigated form of the disease for one, two, or three weeks, or even longer, before its appearance in its full malignity. That such is the fact is placed beyond all doubt; and it is not likely to be disputed by any one, whatever opinion he may hold as to its cause. It will be remembered that this was a topic in the history of the epidemic of 1831-2, which attracted much attention both in this country and elsewhere; nor can it be too attentively considered, seeing that it has very important bearings in a practical as well as in a speculative point of view. It was particularly dwelt upon by Dr. Brown, Dr. Ogden, and other medical men in Sunderland and elsewhere. For two or three months, at least, before the occurrence of the first officially-declared case of the pestilence in that town, there had been a marked prevalence of unusually severe stomach and bowel complaints. Thus Dr. Brown tells us that "ordinary cholera was most unusually prevalent; whilst cases of disease, certainly not distinguishable by symptoms from the epidemic, occurred on the 5th, 8th, 14th, and 27th of August (two months, it will be observed before the declared importation of the foreign disease); and cholera continued to be very prevalent and severe throughout September. The cases which occurred in August were not matter of secrecy, but even the subject of conversation among the medical men of the place; and the writer frequently made the remark, that we were made partakers of an inferior degree of the epidemic influence which existed on the Continent. But certainly, at the time, he did not (nor does he yet) ascribe them to imported contagion; nor did he then conceive that we had, properly speaking, the epidemic among us."*

DR. REESE—Dear Sir:

In the article in your last number, under the head of "Dental Colleges," the quotation "Dental Colleges recently brought into existence," should read, "Dental Colleges have been recently brought into existence." Will you in your next issue please correct this error?

And oblige yours, &c.

New-York, 24th June, 1852.

J. T.

Dr. John Watson, vs. the State Medical Society,

Editor of the New-York Medical Times.

DEAR SIR,—The following is a copy of the memorial submitted to our legislature last winter, from the physicians and surgeons of the New-York and Bellevue Hospitals, embodying the draught of a law identical in spirit, and almost the same in words, as that embraced in the memorial from the New-York Academy of Medicine, which had been sent to the legislature only a few days previous to this.

It may hereafter be of importance to have this memorial on record. Even at the present time it may be of use for the special edification of those members of our State Medical Society who, under the most flagrant misrepresentations, were induced, last winter, before seeing it, to pass their vote of disapproval against it, and thus to interpose the voice of their Society between the memorialists and the legislature.

From private sources worthy of all confidence, I learn that this vote of disapproval was brought about by certain gentlemen connected with the colleges, who "had every thing their own way," and who "made it appear that the proposed law would lead to the establishment of a medical college in every county almshouse in the State." It was introduced and passed, without discussion, just as the Society was about to adjourn, during a thin attendance, and in the absence of nearly the whole of the city delegates.

Now, if an association claiming to represent the medical profession in this State, can be thus led, hoodwinked, to stultify themselves, and vote against a measure which has never been submitted to them, and the bearings of which they have never had the opportunity of examining, it is quite time for us to inquire into the authority under which they do such things, and to ask who gave them this authority.

There may have been a time when our State Society was the organ of the profession in the State; but, whatever it may have formerly been, such it is now no longer. The woolen stockings of Marcus Scriblerius, as you perhaps remember, Mr. Editor, were, by repeated darning, at last converted into silk. So it is with this Society, which was originally composed of county representatives, but which, by this darning process, that is to say, by the repeated incorporation of permanent members, has long since been converted into a sort of private junta. Thus, out of the fifty-nine counties of the State, it is now usually attended by about fifteen or sixteen county representatives, and, as at the last meeting, by not fewer than twenty-two of these active permanent members, the number of which is annually increasing, and some of whom are *Periodeuti*, or wandering teachers, and not even residents of the State; and to these are to be added the representatives from the colleges, "who have every thing their own way," and who swell the balance of votes against the county representatives to something like two to one.

I have nothing, Mr. Editor, to urge at present against the conversion of woolen stockings into silk. But I have something to say against the assumption of authority on the part of this metamorphosed association, which undertakes to dictate to the legislature in the name of our profession at large; which has usurped the functions and appropriated the name of a society no longer in existence; which hangs like a parasite upon the skirts of our legislative body, looking only after the peculiar interests of its own influential members, and foisting its trashy papers, as important medical documents, upon the credulity of the legislature, to be printed and circulated at the public expense.

Hoping, then, that the following memorial may be of use in enlightening some of the bedazzled individuals who voted against it, I remain, with becoming respect,

Yours, &c.

JNO. WATSON.

New-York, May 24, 1852.

To the Honorable, the Senate and Assembly of the State of New-York.

The Memorial of the undersigned, Physicians and Surgeons of the Public Hospitals in the City of New-York, and others, most respectfully sheweth: That the system of medical teaching in this State, is defective and insufficient; that practical instruction in medicine is not regularly enjoined; that our medical colleges, while striving to excel each other, or to surpass those of other States, in the size of their classes and number of their graduates, are powerless for the correction of their defective mode of teaching; and that for the establishment of a better system, or one at all commensurate with the necessities of the public, there is need of further legislative action.

Medicine and Surgery have their scientific principles, which may be studied in the abstract, and acquired from books, or from oral teaching; but, as useful arts they have also their practical details which are not to be thus acquired; and whoever would apply these arts for the public good, should have enjoyed, in the course of his education, sufficient opportunity for the exercise of his own faculties, and for testing the principles of his profession by observation and experience.

But these truths, however evident as independent propositions, have never yet been sufficiently enforced in the schools of this State. The abstract mode of teaching, which has long been abandoned in other enlightened countries, but which was in vogue, especially at Edinburgh and Leyden, about a century ago, is that which was originally adopted by the schools of this country, and which, with trifling modification, has continued to prevail here up to the present day.

In support of this remark, it is perhaps, sufficient to say, that in the whole of the United States, there is not a single college having at its own disposal sufficient facilities for a thorough course of practical education in medicine; and that in our own State, there is not a sin-

gle school, while in other sections of the country there are only three or four, at which the pupil is required to have attended to hospital practice, or to have examined, or witnessed, so much as a solitary instance of disease, before receiving his degree.

The circumstances which led to this defective system here, while it still prevailed in Europe, can be readily understood; but those which have given it permanence, are somewhat more obscure. A thorough exposition of these would require full insight into the policy, privileges, local influences, and special interests, of our individual institutions; a task which it is not our present business to undertake. It is sufficient for our purpose, to know that our system of instruction is defective, and has given rise to numerous and serious evils, both to our profession and the public. It is true, that a certain portion of our pupils, impelled by a laudable desire for improvement, voluntarily resort to the hospitals of our cities, or to the schools of Europe, for the advantages of practical education. These, however, are but exceptional instances, the great majority of young men who are preparing for the profession are not sufficiently impressed with the importance of practical acquirements; they attend the schools simply for obtaining a degree; they resort to no other institutions for instruction; and have consequently, to learn the most important part of their profession under the sanction of a diploma, through various mishaps upon the health and life of such members of the community as may confide in them.

The easy requisitions for graduation at many of our schools, have the further ill effect of enticing crowds of young men from other useful occupations, who, after receiving their diploma, too often fail by legitimate means to win the confidence of the public, and who, in the end are obliged to resort to unworthy expedients for support. The humble estimate usually placed upon these imperfectly educated practitioners is also attended with the additional evil of multiplying and encouraging unprincipled impostors, and hosts of ignorant adventurers of every sort, who, under the guise of some popular or specious system of practice, now overspread the land to an extent perhaps never before equalled.

These, and other evils, are traceable to a general policy, rather than to incidental defects in the organization or management of individual institutions. It is but justice to observe, that in our own State, within the past few years, efforts had been made by the most influential of our schools, to mitigate these evils,—by an extension of the lecture-term, by the establishment of additional professorships, by a stricter inquiry than formerly into the character and qualifications of their graduating classes, as well as by the institution of college dispensaries. But the example of a few leading schools is not sufficient to obviate a wide-spread and inveterate system of short-coming on the part of others; and notwithstanding these commendable efforts, the course of instruction in the institutions which have resorted to

them, is still by far too abstract and scholastic. Practical education, in the proper acceptation of the term, has never yet been furnished by them; nor are they ever likely to supply this, otherwise than by an associated course in connection with some of the public hospitals already established, or by the establishment of proper infirmaries of their own.

The physicians and surgeons of our large hospitals, who have hitherto been in the habit of furnishing gratuitous instruction to such pupils as have voluntarily resorted to them, and who have always at their disposal abundant facilities for practical teaching, have, in the city of New-York, within the past year, used their best exertions to associate themselves with the colleges in a united course of scholastic and clinical instruction. Clinical teaching at the hospitals has always been an object of interest with the schools of this city. They are prepared, as heretofore, to recommend it to their classes; but not to make it obligatory; nor to enter into any arrangement with the physicians and surgeons of the hospitals, by which such of these as may be engaged in imparting clinical instruction may receive a reasonable remuneration for their services.

Now, if practical education in medicine is among the essential requirements of the age, those who have the means of imparting this, should also have the privilege of doing so, to the best advantage, on their own account. The voice of the whole profession in this country, as frequently expressed in our State and National Associations, has been long and loud in favor of urging hospital attendance on every medical student; of establishing schools capable of supplying this; and of placing the course of study, within these schools, on a level with that of the best conducted medical institutions of other countries.

But in other countries, now for more than half a century, the teaching of medicine has been concentrated in, or intimately connected with, hospital schools. In Great Britain, France, Prussia, Austria, Italy, and other European nations, it is almost as much the duty of those who have the management of public hospitals, to provide for practical teaching, as to provide for the comfort and well-being of the sick.

In our own country, among other important considerations leading to the establishment of our first hospitals, was that of furnishing opportunities for practical instruction. Such were especially the views of the *founders* of the New-York Hospital; an institution which originated with the faculty of our earliest medical school. Until within the past ten years, the New-York-Hospital, as is well known, was the daily resort of young men anxious to receive instruction. But the effort of our colleges, of late years, to establish clinical teaching independent of the hospitals, without having succeeded, has gradually estranged the students from this institution; and at the present day, with hundreds of young men in attendance at the schools it is almost entirely forsaken by them.

So long, then, as hospital attendance is not a requirement of the colleges to which every student must resort for obtaining his diploma; so long as the hospital physicians and surgeons are expected to devote their time and talents to the business of instruction, as well as to attendance upon the sick, without the slightest hope of remuneration for either service; and so long as students of medicine can be reconciled to the belief that they are receiving practical education by witnessing the dispensary exhibitions which our National Medical Association has pronounced to be insufficient,* and which the ablest English Review has emphatically condemned, as "a wretched substitute for clinical instruction,"† just so long must the invaluable resources of our great hospitals be held in abeyance, and the members of the profession connected with them, to whom the pupil should be allowed to look for better things, remain in a false position before the public.

From what has now been shown, it is evident that our collegiate system of medical education is imperfect; and in need of speedy remedy. The remedy by the action of colleges alone, we know from past experience, is not at hand. We must look for some better course.

Now, in order to obtain this, the most efficient, perhaps the only means as yet apparent, is by the organization of practical schools in connection with our great hospitals.

Every disinterested and observing member of the medical profession in this country, is aware of the want of such schools. The question of practical teaching, which has of late years been so warmly discussed in our various State and National Associations, has mainly turned on the means of rendering hospital instruction available, and the eyes of the whole profession are, at the present moment, turned to the physicians and surgeons of our hospitals, to solve this important problem.

Hospital schools, we may repeat, are the great schools of other countries; and through them the physicians and surgeons in attendance upon the sick are indirectly rewarded for this service. The establishment of such schools in connection with our hospitals, and in accordance with the political institutions of our own people, would be an advantage to the community. Under proper regulations they could not fail to advance the cause of education and of science; and to favor the more careful investigation of disease, as well as to promote the comfort and expedite the cure of the sick.

Convinced of the propriety of the foregoing observations, and of the necessity for a thorough change in our whole system of medical education, the undersigned are induced to invite the attention of the Honorable, the Legislature, to the important subject, and to submit the following *Petition*, namely:

For the enactment of a *General Law for establish-*

* See Transactions of the American Medical Association, for 1849.

† British and Foreign Medico-Chirurgical Review, Oct. 1850.

ing medical schools in connection with the public hospitals of the State of New-York,—to the following effect, to wit:

I. That the Governors, Directors, Managers, or Trustees of every public hospital or infirmary in the State of New-York, usually maintaining *within its walls, under medical or surgical treatment*, a hundred sick persons or more, be permitted, and if said hospital be supplied in whole or in part by the public bounty, that the said Governors, Directors, Managers, or Trustees be required, to furnish to students of medicine opportunities for the practical study of their profession to such extent, and under such regulations, as may enable the said students to obtain a competent knowledge of the nature and treatment of disease, without, at the same time, interfering with the safety, comfort or proper management of the sick.

II. That the Governors, Directors, Managers, or Trustees of each of the said hospitals, be required to organize a school of medicine under their own immediate supervision, whenever they may be informed of the necessity of such a school, by resolution of the State Medical Society, or of the County Medical Society, or other incorporated medical society of the county in which such hospital is situated.

III. That the said Governors, Directors, Managers, or Trustees, be authorized, and if necessary, required, to appoint the professors in their respective schools, to institute a thorough course of medical education therein, to inquire into the qualifications of students, and to grant the decree of Doctor of Medicine to such applicants as may on sufficient evidence, be deemed worthy of it: provided always, that the said decree be granted only to individuals of good moral character, who have reached the age of 21 years or upwards, whose education preparatory to the study of medicine, is equal to that usually imparted at the best regulated literary academies of this State, who have prosecuted the study of medicine under the guidance of their respective medical preceptors, for not less than three years, and who have devoted one year to hospital attendance.

And provided, further, that every student, before receiving his degree, undergo a public examination, and be adjudged qualified for the practice of his profession, by a commission of six examiners, to be appointed by the said Governors, Directors, Managers or Trustees: and a delegation of six examiners from the County Medical Society, or other incorporated medical society of the county in which the said school is situated; the said delegation to consist of one examiner in anatomy and physiology; one examiner in surgery; one examiner in the theory and practice of medicine; one examiner in midwifery, and the diseases of women and children; one examiner in materia medica, pharmacy, and therapeutics; and one examiner in chemistry and medical jurisprudence.

Without further argument in favor of the enactment

of such a general law as is here proposed, it may, nevertheless, be proper to remark, that the combined system of practical and scholastic teaching contemplated by this law, and to which it must give rise, is essentially the same as that which has long been in successful operation in Great Britain, and other parts of Europe; and that it differs from the system of the European schools only as far as to accommodate it to the requirements of the age, and the spirit of our own domestic institutions. It is therefore, no untried project of doubtful expediency; and in comparison with the system still prevailing here, its advantages for sound and sufficient practical teaching, as well as for encouraging research into the most recondite departments of medical science, are beyond all estimation.

All which is respectfully submitted.

New-York, January 31st, 1852.

Communications.

To the Editor of the New-York Medical Gazette.

Sir,—As examining Physician for the Commissioners of Emigration at their office in the Park, I frequently meet patients in the second and last stages of Typhus Fever who have been treated for Rheumatism, Pleurisy, &c. &c. I know that the diagnosis of fever is difficult in the forming stage; this difficulty is experienced by all who practise medicine, by the hospital and district physician, as well as by the recent graduate who may not have had the advantage of hospital or dispensary practice. Still if we advance cautiously in the treatment after having inquired into the history of the patient and weighed every symptom of his disease, we can avoid fatal errors, and may feel assured that if we have not saved, we have, at least, not destroyed life.

A very few years ago it was not absolutely necessary that any, save a few medical functionaries, should be acquainted with this disease, but the case is different now. Almost every flood tide brings up its quotas, and in the city we have fever districts as well defined as those described by Armstrong in London. Roosevelt and the adjacent parts of Cherry-streets, form one centre, the neighborhood of the Points another, the lower part of Washington-street another, and other minor points exist up town about Twelfth street and the East River, and in the suburbs. It being, there, tolerably wide spread already, and a reasonably fruitful disease, it is at least advisable that those who are the most likely to be called in attendance early, should be able to recognize it before salts and senna have precipitated the second stage and put the patient past all surgery.

Ninety of every hundred cases of typhus fever will tell you, during the premonitory stages, that they have caught cold.

If you ask them if they have "the fever," they will usually say that they have not, and many will energetically deny it, for they know the fever you refer to as

well as you do yourself, and dread it as a pestilence, which it certainly is.

It is curious to note the evasions of some of these patients when questioned on this point. The skin does not become hot, they have no thirst, no pain in the head or bones; all they complain of is a cold, but they do not cough much, and there is no expectoration. If you ask them if they ever experienced so much prostration with a cold before, they will tell you no. If they drink much water, they will tell you they cannot drink enough, or that they do not drink because they are afraid the water will hurt them. Often if you ask them if the tongue becomes dry, they will say no; but if you ask them if, when they wake up in the night they do not find the tongue dry, they will say yes, and the throat and lips dry as a chip. If they wake up often in the night. Oh, yes, I cannot sleep for tossing about, and am so hot that I cannot rest or sleep. As to pain in the head, it aches, and one or both knees, or one leg pains, but they think it the cold they've got; so that by entrusting them in the history of their symptoms you glean from them all that is not evident at the time of examination. I have known the patients to say that they have a good appetite, and afterwards state that all they can touch is water, and yet they may have denied having any thirst.

Again, instead of complaining of a cold they may say that they have rheumatism. They have great prostration of strength, a small and rapid pulse, loss of appetite, thirst, are sleepless and have pain in the head and extremities, but it's only the rheumatism, and they have no pain at all.

"A cold" and rheumatism, then, are frequently complained of by patients suffering under incipient typhus, and very frequently a cold is the exciting cause of the fever; hence we sometimes have rheumatism, tonsillitis, pleuritis, &c. ushering in and complicating typhus fever. I saw a case to-day (April 16) with inflammatory rheumatism of the hand which had successfully attacked the knees and elbows of both sides.

I have spoken of the leading and many symptoms of the disease as they present themselves in the great majority of cases. There are striking exceptions to the rule:

An American-looking man presented himself for admission into the hospital, he stated that he had been in the country six years and had been six months ill. He complained of pain in his chest, and was emaciated and very feeble. I thought at first that he had phthisis, but he was too stupid for so bright a looking man, and for phthisis. The fact is, the man was not stupid at all, but he had "stupid." His pulse was small and rapid, tongue white and loaded, and he had pleuritic pains about his chest. He had been hanging about a source of infection until saturated with the poison, which disturbing the cerebral functions had caused him to give a confused account of himself. This case had nothing of the peculiar physiognomy of typhus.

Sometimes cases present themselves, well marked cases of typhus, which to careless or casual observation present only the signs of diarrhoea or dysentery.

The poison of our vernal and autumnal fevers is sometimes blended with that of typhus.

A boy of 15 years who had been living for a length of time in the emigration office in Canal-street, went to New Jersey and there contracted intermitting fever. He had the small, rapid pulse, and the dry fissured tongue of typhus, with prostration of strength, &c. He had, also, at regular intervals of time a paroxysm lasting two hours, composed of a rigor followed by a hot stage, during which he broke into a profuse sweat which terminated it, but not his sufferings, as he then went on with his typhus.

These cases are interesting, from the fact that quinine speedily puts an end to both fevers, the typhoid disappearing as rapidly as those of ague. The same thing was observed during the Tyler Grippe in cases of pneumonia, &c. which had been attacked with influenza, both suddenly breaking up and disappearing under appropriate treatment.

Occasionally you will meet with marked exceptions to a general rule; for instance, the tongue usually contracted on itself, red, and pointed with a white or brown coat, is occasionally clean, and moist, and flabby as in synchus.

The pulse, usually small and rapid, is occasionally small and slow. I take it this is rarely the case. In several hundred cases observed. I have met but three presenting a deliberate pulse.

Between synchus and typhus it is often difficult to distinguish, both are continued fever; but in synchus there is a sense of relief in the fore part of the day which is not apt to be experienced in typhus. The pulse is feeble and softer; the tongue moist, loaded and white with indentations, marked by the teeth; and, instead of the languid sleepy look of typhus, there is intolerance of light. These distinguishing marks are not always present.

In typhus the hearing is generally impaired—in synchus it is either not affected, or it is exalted.

In typhus cough is almost invariably present—in synchus, gastric, or bilious trouble is apt to occur; and contrasting the two forms, we see that in synchus there is more febrile reaction than in typhus.

Parotitis is occasionally combined with typhus. I never could determine the exact nature of the complication.

Scorbutus is a frequent concomitant of typhus.

Peritonitis, as a consequence of the typhus poison, and independent of ulceration of Peyer's plates, is a rare effect. Still, in 1851, I saw several cases, and lately I had another. In females (two cases) it followed excessive menstruation. (I may add that menorrhagia is not unfrequent in typhus fever.)

Peritonitis appears to be the last and the least common local lesion in typhus fever. Dr. John Jack-

son, the eminent pathologist of Boston, had seen but one case when I spoke to him (last year) of those occurring in my service. Other gentlemen, with whom I conversed, had not observed the complication.

Dr. Robert Williams, (*Morbid Prisons*, vol. 1. p. 41.) gives the following as the order in which these structural changes occur. He says:

"The alterations of structure are, first, inflammation of the mucous membrane of some portion of the intestinal canal, which membrane is the great and primary, if not constant seat of the action of the poison. Secondly, inflammation of the membranes of the brain, which, though not constant, is frequent. Thirdly, certain cutaneous eruptions likewise frequent, but not constant; and lastly, inflammation of the substance or bronchial membrane of the lungs, or both, which occurs in a small number of cases only."

Now, sir, I would put the last first in the list—I would add inflammation of the peritoneum. Of one hundred cases taken as they came, five only had no cough or other appreciable sign of bronchitis—27 had no expectoration, the rest had more or less expectoration; generally this was slight, and occurring chiefly in the morning. In a few cases it was streaked with blood.

Dr. Williams speaks of the intestinal mucous membrane as the great and primary if not constant seat of the action of the poison.

Ulceration of Peyer's glands is certainly a very important sign of typhus. The fever is known by it alone to morbid anatomists. The Vienna men say this lesion always is present, and the Parisians have their typhoid fever founded on it, and call any other analogous fever typhus. The controversy is not worth following up. The intestinal is a very frequent, but not a constant complication, as the observations of many capable gentlemen, and the records of every hospital will show.

I took notes of the condition of the bowels in 100 cases. In 25 cases the bowels were regular; in 10 they were loose (two or three stools a day); 18 had diarrhœa, one dysentery, and 42 cases were constipated.

Four cases had had constipation for the first few days, for which drastic purgatives had been administered, causing diarrhœa, which continued up to the time I saw them in the second week of the fever.

So much for structural and functional derangements. In 1847 internal changes were rare, comparatively speaking, but a great variety of cutaneous difficulties occurred, and the fever was eminently infectious. 1848-9 presented nothing very remarkable—so of 1849-50. 1850-1 gave us plenty of double pneumonias, and in 1851-2 we found the eruptions in almost every case full and free, not as in 1847, but still abundant and characteristic, and again the contagious character of typhus was made a matter of public experience.

We look to the blood as determining the character of the disease. This is watery, deficient in fibrine, of a dark color, and scarcely coagulable; the clot occa-

sionally appears (says one writer) more as a sediment of coloring matter than as a clot.

Should the febrile reaction be violent or active local inflammation supervene during the early stages, fibrine may be increased, and the corpuscles abundant; but this I take is not very frequently the case. The blood then in typhus is similar to the blood in hydræmia, and moreover it contains matters not normally present, as compounds of ammonia. It is over and above its impoverished condition in a more or less putrid state. Hence the name of the continental writers, "Typhus Petechiales Putridus."

A word as to treatment: It has been seen that typhus fever may be ushered in by tonsilitis, pneumonia, pleuritis, rheumatism, &c. In these cases, especially where the dose of poison has been small, and in persons of sanguine temperament, of previous robust health, there is a good deal of reaction, and fibrine is absolutely increased in the blood (not altogether aplastic either). These cases will bear, in the forming stages, moderately active treatment, and be benefited by it. A grain or two of calomel two or three times a day, without attempting to produce pyalism, will be found of service. This kind of treatment applies to cases of typhoid, pneumonia, and pleurisy. There are other conditions of typhus in which mercurials do good; sometimes there is flushing about the head, the eyes are suffused, and there is more or less delirium, or the bowels are constipated, and the abdomen tympanitic and painful. Again, the tongue may remain obstinately red and dry, with a dirty coat. In all these conditions I have found calomel of service, but I give it very sparingly; and if the second stage has set in, never suspend stimulants, no matter what the complication.

If I were asked what the treatment of typhus consists in generally, I would say mucilage and ipecacuanha in the first stages, with plenty of cold water, and strong beef tea in the second, with lots of good brandy.

I am, Sir, very respectfully yours,

W. S. BOWEN.

University of New-York Analyzed.

DEAR SIR,—Your recent strictures on the University school are just and pertinent. That College is an anomaly. To say nothing of the past, look at its present position, in the spasmodic struggle now making for its resuscitation, after a falling off in its class last year, of more than a hundred per cent.! What have they now done? They have been enacting the farce of a summer course by a new corps of sub-professors, chosen from among their open and avowed enemies, who like Pilate and Herod have made friends as a mere ruse, while several of the new Faculty are so hostile to one of the old, that no recognition is possible, as they feel degraded by the association. Next, one of the *subs* applies for the Chair of Anatomy, and as a quid pro quo, for allowing him to qualify himself after his appointment! he brings back the great Emeritus whom they had repudiated, but now gladly recalled. He is to teach Surgery

and yet there is a Professor of Surgery beside, who is justly fastidious about the rights of his Chair; and all who know the men, anticipate the collision and explosion which is inevitable, when they begin to teach the same subjects.

Then they have a Chemist and Physiologist who is the antipodes of the veteran Professor of the latter branch, and whom they have slyly turned over to *Materia Medica*, but who still teaches Vitalism, "the ruling passion strong in death." Next, they have the Professor of Gas filling the Munchausen department of Obstetrics, and the practical chair filled by a locum tenens, now absent, and who is to be superseded by another of the subs.

Now it is plain that such an organization cannot be even galvanized into life, and the next session will suffice to show that neither the profession nor the students can by any device be induced any longer to uphold a school, which is made up of so lax principles, and so defective teaching. Let them reform and expurgate their Faculty, and abandon their master strokes of policy, for dignified and honorable competition.

They are otherwise a clog and hindrance to medical education in New-York, and injuriously affect the entire business of medical teaching. VERITAS.

NEW-YORK, April 20, 1852.

D. M. REESE, M. D.

DEAR SIR,—If you think the within case of sufficient interest to your many readers to possess a share of your valuable journal, you can publish the same. The portion of the Vena Cava ruptured, I have presented to Professor Parker, to be placed among his Pathological specimens.

Rupture of the Inferior Vena Cava.

On the 2nd day of December last, was called to visit a patient then lying in the Ninth Ward Station-house, (Jefferson Buildings,) having been removed from the street in a helpless condition by policeman Carlock.

The history of the case is as follows: Martin Welsh, aged about 30 years, of a sanguine temperament, strong and athletic frame, occupation, fat-gatherer; returning from the labors of the day with his tin pail suspended upon his arm, was thrown down and run over whilst crossing Sixth Avenue by a horse and cart passing at full speed up the Avenue.

Upon an examination of the case on first visit, found the following symptoms: extremities cold and covered with a clammy perspiration; sweat standing profusely on the forehead and face, countenance anxious, breathing short, hurried, and imperfect, pupils dilated, the right one most discernable, pulse quick, feeble, and at times imperceptible, difficult deglutition, insensible to light and sound, showing great and extreme depression of the vital powers. I examined particularly throughout the whole extent of integument and with exception of a slight discoloration of cuticle behind the left ear over the sterno mastoid muscle, presented a normal appearance. Finding no external injury to warrant the above

symptoms, and fearing a rupture of some of the more important vessels by aneurism or some other lesion, ordered the patient to be placed in a recumbent position, strong stimulating lotions to the extremities, mustard poultices to the epigastrium, heated bricks to the axilla and groins, and to be warmly covered; internally, prescribed a diffusible stimulant of brandy and camphor julep, and left, all hope of recovery being lost. After the interval of an hour again visited him, and found reaction very imperfectly established, and administered a mixture of brandy, ether, and ammonia, which in the course of a half hour brought about a fair reaction, so much so, that he was able to answer interrogatories touching his residence, occupation, etc. Ordered the stimulant to be given less frequently and left the apartment. In six hours again called and found him tolerably comfortable, only complaining of a dull, dragging pain in the right hypochondriac region, which at intervals caused him great uneasiness. About 7 o'clock the following morning was attacked with violent emesis and expired in a few minutes with scarcely a struggle, retaining perfectly his faculties to the last.

Autopsy—six hours after death, in conjunction with Mr. Henry, one of my students, I made a post-mortem examination, and found the cause of death a rupture of the inferior Vena Cava, about one and a half inches below the right emulgent vein, the orifice about the size of a three cent piece, situated on the right side of the Cava. The intestines all were normal and presented no lesion worthy of interest. The abdominal cavity was filled with effused blood to the extent of nearly three quarts. Duodenum, jejunum, ilium showed no apparent deviation from health; a deep chocolate color, caused by lying in contact with the effused blood, pervaded the entire track of intestine. Lungs and heart healthy; no lesion saving the rupture of the Cava was discovered although a critical examination was instituted. In the above case two important, and to me interesting facts present themselves, the rupture of the Cava with no discernable laceration of the integuments either internal or external, not even an abrasion of the cuticle. The duration of time, being nearly thirteen hours from the time of accident, the patient survived with so large an orifice and in so important a vessel are, physiologically considered, items of intense and important consideration.

E. C. FRANKLIN, M. D.

Dr. Dewees on the Endermic Treatment of Cough, Neuralgia, etc.

In practical medicine the chief object of both practitioner and patient, is, to relieve and be relieved quickly. Empiricism was thus early established, as in many cases, the medical man could give no true reason as to the *modus operandi* of the remedy, and the patient, reasonably enough, was satisfied with the effect. Accident has thus been the fruitful source of our knowledge of the action of many drugs. Subsequent researches of skilful and scientific men, founded upon the known ac-

tions, have established the laws of their operation, through physiological, microscopical, and analytic investigations.

The improvement now to be expected in the practical application or administration of remedial means, must flow through the patient study of the gross and minute anatomy of the nervous system, in conjunction with organic chemistry, and microscopic pathology. Already, the advantages from this mode of investigation, are daily received by those requiring medical services; and the day is not far distant when medicine shall cease to be an art and become a science.

Cough forms one of the most frequent symptoms for the relief of which we are applied to. If the various causes to which the patient attributes his cough, were regularly set down in a case book, we might be excused in believing that there is no ill to which flesh is heir, and no part of the human body, but what has its *cough*. One has a *lung cough* from cold; another a stomach cough from dyspepsia; another a liver cough from that much accused organ; another a throat cough, and so on, till the whole anatomy sounds with the charge. They all agree in one thing, however, "to be cured."

The object of this paper is to direct attention to the endermic and topical mode of treatment of cough, neuralgia, etc. which has proved so successful in my hands, and to their nature and seat, not mentioned in systematic treatises on diseases of the respiratory organs.

The cough attendant upon systematic diseases, such as pneumonia, pleurisy, bronchitis, etc. I do not wish to allude to; it being in these, what might be called the *cough of necessity*. But where these diseases have completed their regular course, leaving coughs generally termed chronic, as the sequel of these affections, it is to these that I will chiefly refer, and propose the endermic application of remedial measures. Nor are these symptoms to be neglected by the patient or carelessly passed over by his attendant, as *structural lesion or change but too frequently results in consequence of local or distal irritation*. And thus it is that those organic changes in the lungs are too frequently dated from an attack of pneumonia or bronchitis, when in very many cases, they were the *resultants of the cough itself*, having their origin in the irritability of the local innervation, or of the nervous centres themselves.

Many persons are attacked with what is generally termed "a cold," accompanied with cough more or less incessant; the usual remedies are resorted to, and after a day or too the distress of constriction, soreness, etc. pass away or become less severe. Still the *cough* is no better; and it appears to the patient, if he could only "raise some phlegm," he surely would be well shortly, but nothing or little "comes up," although the effort is incessant and the "tickling" never subsides.

Another individual will tell you that he cannot remember how he caught cold, but that at certain periods of the day and especially at night, he is troubled with a cough, that the sensation is not in his throat, but that

a *spasm seems to take him in the muscles of the chest and stomach*, and he coughs with an explosive and half hiccup effort. Another says he has been a long time subject to "chronic catarrh of the head," and that latterly he is afraid of his lungs, as he coughs a great deal, especially whilst drinking or taking his meals. Another one has a cough that generally causes him to gag or partially eject his meals, and thinks it is a *dyspeptic cough*.

In this way patients daily consult their physicians, making these and the like statements. Expectorants are tried in vain—cough candies, from the most fashionable down to the little pretending "cold syrups," sold in by-streets, or at some famous old lady's house, are freely swallowed—still the plaguey cough holds on—struggling, straining, and wiping the eyes becomes a constant occupation. Change of air is then advised, and in many instances with benefit; but it is not everybody who can afford time and money for change, *they can better afford to cough*. At last, the doctor is worn out by these coughs of other folk, or is called in some day to examine the lungs of the patient, when he finds out that some pectoral disease with lesion or change of structure has escaped his notice, and the patient is gravely informed that it was no wonder he coughed so long, as his lungs have been seriously affected.

Now, in seven cases out of ten, the *cough has produced the disorder of the lungs*. What with the local and incessant irritation, causing loss of rest, of appetite, and the debilitating effects of prescriptions and nostrums, the constitution of the patient succumbs, the nutrition and circulation of the lungs become interfered with, and a grave disorder results.

There is a fashion in disease as well as in dress, and a most fascinating doctrine with many both in and out the profession, has been to lay two-thirds of nature's ills to the poor mucous membrane; each votary clothing the said unfortunate membrane in his own imaginary anatomical garb. It would surely be a most curious set of plates to behold accurate drawings made from the description of these *mucous devotees*, with notes detailing the structure and function of their favorite.

The method now adopted by me for the cure or relief of these various coughs is exceedingly simple. The selection of the spot is regulated by the nature of the cough. A piece of adhesive plaster, from the middle of which a part of the size of a shilling has been removed, is placed over the region selected; then a piece of thick flannel corresponding to the aperture in the plaster, is to be saturated with Aq. Ammon. Fortis, and applied to the encircled cuticle. In the course of a minute or two the epidermis or scarf skin will be found raised; this is to be gently removed by a pair of pliers or a towel, and a minute given to allow the serum to flow off. Having gently dried the spot by the towel, $\frac{1}{4}$ to $\frac{1}{2}$ grain of Sulph. Morphia is to be evenly laid on the surface and covered over by a piece of adhesive

plaster. Sometimes I remove the first piece covering the hole, and cover the part with the fresh plaster.

With some, sickness and more or less dizziness attack, when a large dose has been laid on. I now on first application generally employ a very small portion, watching its effects and gradually increase to a sufficient quantity after waiting fifteen minutes. Frequently one application suffices, but when requisite, the dressing is again to be made the next day, when a white, dense pellicle will generally be found covering the part, which should be removed and the application of the Morphine renewed. Some persons do not bear well the removal of the scarf skin; with these I adopt the plan of applying to the part, with a camel's hair pencil, a solution of the Ess. Oil of Mustard in Alcohol, or, by means of the glass bottle a more elegant application can be made, by the vapor of the undiluted Essential Oil. This excites the skin considerably, and after the sensation from the application has ceased, I apply double the quantity of Morphine in over saturated solution, placing a piece of oil silk or goldbeaters' skin over the part, and covering this by adhesive plaster.

The cough proceeding from local irritation of the upper laryngeal portions, or tonsils, is not always to be relieved by the topical application of the solution of the nitrate of silver; indeed, in some throats I have found it a very unsafe remedy, producing rapid swelling with great increase of the irritation, and sometimes, though rarely, leaving a *singular neuralgic condition*. I have several patients that it acts upon like a poison; in one producing such engorgement and swelling, that I was fearful her life would have been forfeited. To these persons the endermic application is invaluable.

From seeing a great deal of the diseases of the ear, I was constantly struck by the circumstance, of many mentioning that they could not touch within the ear, without producing cough; and that they were subject to a cough, which they attributed to having taken cold at the time the deafness came on. Even when they at first did not mention the cough, I would frequently find upon examining the ear with the speculum, that cough was excited, and many would then say that it had troubled them a long time. A singular sense of irritation and tickling reaching into the throat attends these cases when touched. Again, in passing the tube into the cavity of the Eustachian tube, I have frequently observed the same symptom of cough attended with violent sneezing and watering of the eyes; many of them would mention that they thought they had "catarrh in the head."

From witnessing these effects I was inclined to try the topical application of a solution of the nitrate to the auricle and to the mouths of the Eustachian tubes. The success in almost every case was perfect. With very many who were not deaf, the origin of their cough appeared from the local nervous irritation of these parts, and relief followed the topical application.

In the case of one lady, deaf in both ears, the cough had existed for a length of time, resisting internal medication, change of air, etc. and she was led to fear that the lungs were the seat of the disease and were seriously affected. On touching the orifices of the Eustachian tubes, cough was instantly and violently brought on. Complete success followed the application of the nitrate to them. The diagnosis in these cases is easy.

From considerable experience, I am satisfied that many cases of laryngeal and lung disease originate in distal nervous irritation; the wear and tear of these organs, being produced by the incessant cough, called into action by the extension of the irritation through the nervous branches supplying the pulmonary and laryngeal membranes. At all events in many diseases attended by prostration, or pulmonary engorgement, *we cannot afford to let the patient cough much*, as the exhaustion by the effort, the loss of refreshing rest, and the superinduced congestion produced, render treatment unavailing. It is in such cases that the endermic application of the sedative proves so beneficial; and where there is a tendency to effusion, or where *effusion has slowly taken place, when the internal administration of opiates is so fraught with danger*, then the topical absorption of the Morphine, does not produce like dangerous results and is always attended with more relief. The saving of the patient's stomach alone renders it invaluable, to say nothing of the frequent incompatibility with the remedies, absolutely necessary to the patient, and their full action in the stomach not being prevented by the *local narcotism*, which must more or less ensue, when any of the preparations of opium are internally administered in quantity sufficient to allay cough.

In the neuralgias of the debilitated, where iron, etc. have failed to produce the looked for results, the endermic treatment will not only relieve for the time, but is the best method of gaining time till the system can be invigorated. In many instances I have found the pain not to return after the first application. The various alkaloidal or extractive preparations of narcotics can thus be safely applied.

I will now briefly mention the anatomical nervous distribution which will serve to show the localities for endermic medication.

The anterior fasciculi of the 3d and 4th cervical nerves form the phrenic or diaphragmatic nerve. The superior cervical ganglion of the sympathetic, receives a transverse anastomotic branch from it near its origin, filamentary connection with the hypoglossal and pneumogastric nerves frequently taking place. The phrenic nerve having traversed the anterior mediastinum to reach the pericardium, adheres to that membrane in front of the root of the lung, where it is also covered by the corresponding part of the pleura. The left phrenic nerve passes around the apex of the heart, giving in its passage a few branches to the pericardium, and then anastomosing with the right phrenic, they penetrate the diaphragm and both are distributed upon that muscle. "It is through a filament from the anterior

branch of the 3d cervical nerve forming the superior origin of the phrenic nerve, that the parts about the angle of the jaw and external ear are brought into connection with the organs of respiration—the posterior auricular nerve being joined by the auricular branch of the pneumogastric. It is only necessary to remember that the pneumogastric nerve supplies branches to the heart, the lungs, the larynx, the pharynx, the œsophagus, stomach, and solar plexus, to be enabled to understand, how any irritation seated in any part of this wonderfully complex nervous apparatus, can call into action those parts receiving branches of distribution or of anastomatic connection.

I have only to repeat that in the selection of the proper place for the endermic applications, the knowledge of the nervous connections will afford the indication. Where the spine is diseased in the cervical region, it is not uncommon to find cough attending—here the selection is pointed out, and the action of the Morphine acts like a charm.

In what is commonly called catarrh of the head I have used with benefit by the endermic mode, the gallic and tannic acids, as near the top of neck as convenient, When the topical application of sol. nit. arg. and of various astringents, by means of the bent canula passed through the posterior nerves and by syringing, has failed to afford relief.

In conclusion, I will add, that, the cause of the varied forms of cough may exist in any portion of the nerve from its origin or trunk, to its terminal branches. And by way of illustration will remind an example from another organ, familiar to most surgeons, viz. that when pain in the testicle exists, owing to irritation of the lower part of the spine, etc. the organ, although at first sound, is apt to become diseased, if the pain continue or be not relieved.

Lectures on Operative Surgery.

BY J. M. CARNOCHAN, M.D.

Professor of the Principles and Operations of Surgery in the New-York Medical College, &c.

[Reported.]

On Lithotomy.

[Continued from p. 177.]

In the last lecture, we considered the different steps of the operation of cutting into the bladder by the division of the prostate on both sides, in the direction of the oblique radii of the gland, downwards and outwards, from the prostatic portion of the urethra. We also reviewed the various other steps of the operation after the incisions were made, such as the introduction of the forceps, the seizing of the calculus, and the extraction of the foreign body from the cavity of the bladder. We shall now describe the operation of cutting into the bladder by the *unilateral* section of the prostate, in which the gland is also divided downwards and, outwards, in however, only one of its oblique radii. The complications which may arise during the operation, and the con-

secutive accidents sometimes occurring after the calculus is extracted, will also obtain our attention.

The present mode of operating for stone in the bladder by dividing one lobe of the prostate, that is to say, by the so called lateral operation, is one of the most important improvements which has taken place during the progress of Operative Surgery. The danger of wounding the bladder was regarded by the ancients with such dread, that the operation of Lithotomy was altogether discarded from the list of possible operations. From Celsus, however, we learn that some attention had been bestowed upon the subject; for we find a description, left by him, of a method of removing the stone from the bladder, known as the operation of cutting upon the *gripe*. This consisted in passing the finger up the rectum, feeling for the calculus and then hooking it down towards the perineum: an incision was next made across the *raphé*, in front of the rectum, in the manner now practised in performing the bi-lateral operation: the stone was thus cut upon, and through the incision, the calculus was thrust out of the bladder by the action of the finger. A hook was sometimes used when the finger was found to be insufficient, and this constitutes the operation termed the *Lithotomia Celsiana*, or that by the *apparatus minor*. About the middle of the sixteenth century, we have described another operation which was practised for many generations, and known as that effected by what was called the *apparatus major*, from the number of instruments used in making the opening into the bladder. A kind of grooved staff was passed into the bladder; an incision was then made through the perineum, so as to lay bare the groove of this instrument; a female dilator was now passed along the groove, into the bladder, and on this, another, called the male dilator, was passed also into the bladder: the two instruments were then forcibly separated, so as to tear the neck of the bladder sufficiently for the passage of the calculus: a sort of gorget or conductor was passed into the bladder, and along this the forceps were introduced to seize the stone. By this operation, it is evident that the urethra, from the bulbous to the prostatic portion, as well as the neck of the bladder, must have been extensively torn and lacerated. The epoch, that of *renaissance*, was one of great mental activity; new attempts were made to render the extraction of stone from the bladder less fatal in its results; and before the close of the century, we find an operation described, somewhat analogous to the lateral operation of the present time, the introduction of which has been attributed to Franco. Towards the year 1697, Frère Jacques, a native of Beaulieu, in France, commenced his career as a lithotomist. At first, in his operations, he used a kind of double edged knife, by which he cut directly and at random through the perineum, into the bladder, without employing a staff or director. Next, he immediately introduced the forceps, and the calculus was seized and extracted. But it was only in very rare cases, that success attended the early

efforts of the celebrated monk; for the most part, his operation, thus recklessly projected and performed, was followed by death. Under the guidance, however, of some of the anatomists of the time, he was induced to make himself acquainted with the anatomy of the parts involved in the operation, and also to adopt the use of a grooved staff. His success, after this, became very considerable; many persons repaired to him, for the purpose of having the operation performed; he acquired extensive reputation, and became the recipient of numerous presents, and of accumulated honors.

The celebrated anatomist and surgeon, Raw, of Leyden, had an opportunity of witnessing the operation of Frère Jacques, during his travels in Holland, and afterwards practised, with great success, the same operation, as was supposed. Raw, himself, however, never divulged his mode of operating, and it is only from the account of his method, as given by Albinus, his pupil and successor, that any inferences in regard to the different steps can be deduced. Albinus, however, is not a reliable authority, or else Raw's operation was not attended with the success attributed to it. Thus, according to Albinus, Raw made his incision into the bladder, between the prostate and the ureter, an operation which subsequent experience has shown to be founded upon erroneous principles.

From Holland, Raw's operation, as described by Albinus, was introduced into England, and was first practised by Dr. Bamber, at St. Bartholomew's Hospital, in London. Cheselden, at that time, was Surgeon to St. Thomas' Hospital, and upon being informed of the success which had attended the supposed operation of Raw, on the continent, he speedily abandoned the high operation, which he had previously practised, and adopted the new procedure. Cheselden's first operation consisted in introducing a grooved staff, cutting through the left lateral triangle of the perineum, along the side of the prostate: next, passing the left forefinger to the bottom of the wound, he took a curved knife, sharp on the concave side, and thrust it into the side of the bladder, so as to make an incision of sufficient extent for the introduction of the forceps, thus leaving untouched the urethra, the prostate, and the neck of the bladder. This mode of operating, in Cheselden's hands, was far from being attended with favorable results. From his own account, many of his patients died from the effects of infiltration of urine into the cellular tissue, on the outside of the rectum and in the neighboring parts. Convinced of the danger and imperfection of this mode of incising into the bladder, he projected his second operation, which was followed by brilliant results; and which, with slight modifications, is still adopted by the best surgeons, when the size of the calculus indicates the unilateral section, only, of the prostate gland. Cheselden's second operation is thus described by himself in his "Anatomy of the Human Body." [Ed. 1730.] "I first make as long an incision as I well can, beginning near the place where the old operation ends, and cut-

ting down between the musculus accelerator urinae and erector penis, and the side of the intestinum rectum; I then feel for the staff and cut upon it the length of the prostate gland straight on to the bladder, holding down the gut all the while with one or two fingers of my left hand." This, in fact, is the operation of Franco, the principal steps of which consist in the division of the prostate in one of its oblique radii, the incision being made by passing a bistoury along the groove of a staff already passed into the bladder, thus dividing the deep parts. Numerous modifications have been applied to the operation of Franco, in regard to the mode of making the external and deep incisions, and more particularly in regard to the various instruments which have at times been employed. Thus, for example, Cheselden himself used a knife, shaped somewhat like the common scalpel, cutting the prostate from before backwards; while Frère Côme used the *Lithotome Caché simple*, dividing the gland from within outwards. Sir Cæsar Hawkins invented a cutting gorget, and this again has been oftentimes varied into new forms. Here is the gorget as modified by Physick. A beak has been added by some to the knife, and the blade of this has at the same time been diversified in form. Here is the beaked knife of Mr. Blizard, the blade of which, as you see, is long, straight, and narrow, and well suited to slide along the groove of the staff. The best surgeons of the English school have, however, generally returned to the use of the knife, modified principally in reference to the shape of the blade, and the extent of the cutting portion of the edge. The best among these is the knife used by Mr. Liston, the character of which you can observe by inspecting the blade of this instrument I now hand you. The blade is shaped somewhat in scalpel form, and is about two inches and a half in length, the edge being sharp only for about an inch and a quarter. You will observe that the handle of the instrument is some four inches and a half long, and sufficiently large to allow of its being held firmly by the hand in the various positions.

The grooved staff and the position of the groove itself have also been subjected to modification. Here is a curved staff, the groove of which is on the convexity of the instrument; here is another, where the groove is placed on the side of the curved portion; here again, is the staff as introduced by Mr. Aston Key, of London, straight, with the exception of a slight bend at the end, and with the groove in the centre. The staff best fitted for use in the operation of Lithotomy is the one which is curved, large enough to fill well the urethra, and having a deep groove placed between the convex aspect and the side of the curved portion of the instrument.

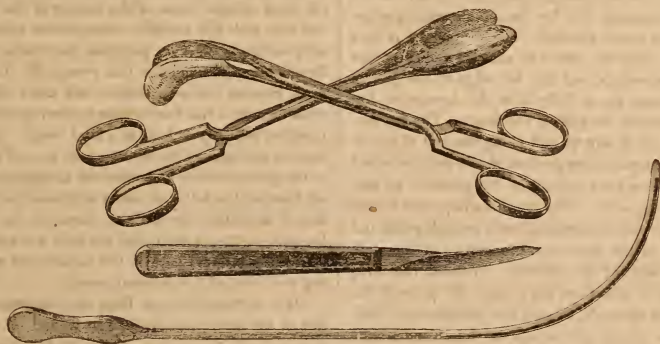
From what has just been said, it will be seen that the numerous modifications of the lateral operation, described by Franco, as far as the instruments are concerned, depend upon varieties in the shape and mode of action of three kinds of cutting instruments, the *Lithotome caché*, the Gorget, and the Knife. The

Gorget is still used by some expert operators, both in this country and in Great Britain. The *Lithotome caché* is used on the continent of Europe, especially in France. When one lobe only of the prostrate has to be incised, the facility and simplicity attending the use of the knife obtain for that instrument the preference over all others. It is possible, however, that in particular cases, owing to the condition of the bladder, or of the other structures involved in the operation, either the Gorget or *Lithotome caché* may be advantageously used.

With the preliminary remark, that the parts incised are the same, whatever instrument is employed, I shall now exhibit to you the different steps of the operation upon the cadaver, as performed by the knife, repeating,

as it were, the operation you have recently witnessed upon the boy in Ward No. 5. This is the operation of Franco, or as some say of Cheselden, modified by the late Mr. Liston, the most dexterous operator of modern times.

The same preparations, already described as required for the bi-lateral operation, are necessary for the performance of the operation of Lithotomy by the lateral incision. The rectum must be emptied; the perineum shaved; the patient secured in the proper position; and the assistants so arranged as to afford every aid and facility to the operator. It is unnecessary to repeat the details of these arrangements, as they have been separately considered and enjoined while treating of the bi-lateral Lithotomy.



Lithotomy Knife.
Grooved Staff.
Forceps—straight and curved.

Besides the necessary instruments employed in the different methods of cutting into the bladder by the perineum, for the purpose of removing a calculus, the special instruments required to perform lateral lithotomy, as I am about to show you, are, this knife, which you have already examined, modelled and used by Liston; and a staff, such as this, large enough in diameter to fill completely the urethra, having a deep groove on the side between the convex and lateral aspects, and extending along the curve of the instrument, to within a line or two of its extremity. To these, should be added the forceps, straight and curved, of different sizes, and the other instruments already mentioned in the last lecture.

In performing lateral lithotomy, the superficial incisions are made through the left lateral triangle of the perineum; while the deep incisions are intended to divide the membranous portion of the urethra, the left lobe of the prostate, in its inferior oblique radius, and that portion of the true neck of bladder which is encircled by the prostate gland. The principal parts to be avoided, in making the several incisions, are the bulb and its artery in front, the rectum posteriorly, and the internal pudic artery, coursing along the inner border of the osseous arch of the pelvis, externally.

The dissection of the perineum, before you on the table, exhibits very clearly the relative anatomy of these important parts, and I shall direct your attention to them, while I now execute the different steps of the operation.

The instruments, then, being properly arranged, the patient placed and secured, and the assistants disposed as heretofore described, the Surgeon now takes the staff, and standing between the legs, or on the left of the patient, introduces it into the bladder, and inclining the handle slightly to the right, gives it in charge to an assistant to hold. The same assistant, who stands on the right of the patient, is directed to hook up the instrument under the pubes, holding it firmly with the left hand, while with the right, he elevates the scrotum, taking care not to drag the integuments of the perineum too much upwards. The operator, seated in front of the perineum on a stool or chair of convenient height, now takes, in the manner of holding a pen, the lithotomy knife in his right hand, and stretching transversely the skin of the perineum, with the thumb and index finger of the left hand, he makes an incision through the skin and adipo-cellular tissue of the left side of the perineum, commencing at a point on the left, and within a line's breadth of the raphé, about one inch and three quarters in front of the anus, and extending down-

wards and outwards, along the left side of the perineum, midway between the anus and the tuberosity of the ischium, to terminate about half an inch beyond the lower margin of the orifice of the anus. The fore finger of the left hand is then introduced into the wound, and by a few slight touches of the knife, the edge directed downwards, the transverse muscle of the perineum and some of the anterior fibres of the levator ani are next divided. The left fore finger, used at times to push aside the rectum, and to examine the tissues in the way of the knife, is thrust into the wound, between the accelerator urinae muscle and the erector penis; the resisting fibres of the deep perineal aponeuroses are thus met with and divided. The groove of the staff can be distinctly felt, for the membranous portion of the urethra is now reached. The fore finger is then made to rest upon the staff; so that its radial border shall look downwards, and the left edge of the groove shall be opposite to, or lodged in, the depression, between the nail and the pulp of the finger. The flat surface of the knife is now passed along the nail of the index, and the membranous portion of the urethra is laid open, about three lines in front of the prostate, by cutting upon the groove. The sensation imparted by the contact of two metallic bodies, clearly enough points out the entrance of the knife into the groove of the staff, through the walls of the urethra. Without removing the point of the knife from the groove, the palm of the hand is turned upwards, so that the instrument is held, with the edge turned downwards the thumb and middle finger placed at the junction of the blade and handle, the ring and little finger pressing the handle against the ball of the thumb, and the root of the cutting edge resting on the pulp of the index finger. Held in this position, the knife is slid along the groove into the bladder, cutting in its progress, from before backwards, the side of the membranous portion of the urethra, the prostatic portion, and the left lateral lobe of the prostate to the proper extent, in the direction of its oblique inferior radius. The handle of the knife is now slightly depressed, and the instrument is withdrawn in the direction of the external wound, lateralizing the edge so as to keep clear of the internal pudic artery and rectum. The staff is next removed, and the fore finger passed into the bladder, through the incision, in search of the stone.

The parts about the neck of the bladder are extensible to a considerable degree, and even when the anterior margin of the prostate only is notched, the forefinger can effect dilatation of the parts, so as to permit of the easy introduction of the forceps, and the extraction of a stone of moderate dimensions.

The next steps of the operation consist in the introduction of the forceps into the bladder, the seizing of the calculus and its extraction through the wound; but as the details of each of these several manœuvres have been previously given at length, it is unnecessary to repeat them here.

Much diversity of opinion has existed in regard to the extent to which the incision of the prostate might be safely carried. The source of disagreement has arisen from the fact that the base of the prostate gland cannot be passed without dividing the ilio-vesical fascia, which forms a kind of barrier or septum, between the perineum and the cavity of the pelvis. The act of transcending the limits or circumference of the prostate is regarded by some surgeons as almost necessarily fatal; while other authorities lay it down as a precept that the incision of the prostate may be freely extended, without danger, beyond the border of the gland.

It is alleged by the first that a wound of the ilio-vesical fascia is attended with infiltration of urine into the loose cellular tissue of the interior of the pelvis, and also with the terrible consequences resulting from suppuration, gangrene, purulent absorption, and other formidable evils; and for this reason, Mr. Liston, Velpeau, Scarpa, Callisen, Brodie, and other high authorities denounce the free incision beyond the limits of the prostate, as likely to lead to a fatal result. Among the modern partisans of the free incision beyond the margin of the prostate, may be mentioned Malgaigne, and Samuel Cooper, the latter of whom attributes the extravasation of urine into the cellular tissue, to the incision of the skin being too small and too high up, and from the axis of the internal part of the incision not corresponding with that of the external wound.

It is certainly evident from the anatomical disposition of the ilio-vesical fascia, that wounds of it, communicating with the interior of the bladder, must almost inevitably be attended with effusion of urine into the cellular tissue, within the pelvis. It is unsurgical, therefore, to wound or perforate this important barrier, in the operation of lithotomy, and the rule to adopt is, to confine your incisions within the boundaries of the gland. Hence the utility of the bi-lateral, and even of quadri lateral lithotomy.

[To be continued.]

Lecturer on Dentistry.

It affords us much pleasure to learn that the College of Physicians and Surgeons of this city, have appointed John Trenor, M. D. as Lecturer on Dentistry in that school, and that he has accepted the appointment. This department being thus established will doubtless be elevated to a full professorship hereafter.

We refer our readers to the communication of "A Physician" on another page, in which the views of Dr. Gardette, of Philadelphia, are adopted and defended. We can see no objection to the continuance of the Dental Colleges, which are multiplying over the country, since they will not conflict with the establishment of Dental Chairs in any of our medical schools; nor should the one become antagonistic or hostile to the other. Let there be a wholesome competition and rivalry between the two methods of teaching, until experience shall satisfy all, which of the systems best succeeds in qualifying the pupils for the Dental profession. Eminent men are on both sides of the mooted question, and there need be no strife until it shall be settled by fair comparison.

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The attention of Physicians, Pharmacutists, and venders of Medicine throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM GUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,
SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,

&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting a PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless supuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and (superceding the use of Poultices, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

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LOW'S Genuine Brown WINDSOR and HONEY SOAPS, Perfumery Fancy Articles, Fancy Soaps, Brushes, Extracts, Bronzos, Trusses, Leeches Plasters and Oils, Dry Snuffs, Druggists' Labels, Window Glass, Surgical Instruments, Druggists' Glass Ware, Hatters' Goods, Shakore's Herbs and Roots.

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ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium.

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache.

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, De-narcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative of the Medicine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus it obviates a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which related every other remedy; and I might cite a number of instances in which it seem ed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently in which the use of Morphine had been resorted to, in a state resembling cataplexy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that the Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

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Vol. III.

AUGUST 15, 1852.

Nos. 16 & 17.

CONTENTS.

Postponed Articles, ...	219	Developments of Controversy, ...	222	On the Blood and its Changes, by Rodolf	231
New-York Pathological Society, ...	219	COMMUNICATIONS:—		Haas, M. D. (Continued), ...	231
Cholera, ...	219	Pecuniary, ...	222	Extract from Dr. A. L. Kennedy's Letter	235
Wholesale Plagiarism by Professor Bedford!	219	Auti Alteram Partem, ...	223	on Practical Chemistry, ...	
Yale College, ...	219	Dr. O'Reilly's Case of Laryngotomy, ...	224	The Epidemic Puerperal Fever of Mount	
Correction, ...	220	University of Louisville, ...	225	Salon and Vicinity, by C. R. Harris,	
Baltimore College of Dental Surgery, ...	220	University of Michigan, ...	225	M. D.	236
Translators Wanted, ...	220	Extract from Dr. T. Cock's Inaugural Address before the New-York Academy		What Foreigners think of us, ...	238
Surgical Advertising, ...	220	of Medicine, ...	225	Extract from Professor Lee's Valedictory	
American Institute of Homoeopathy, ...	220	Quackery, ...	227	at Geneva Medical College, ...	239
New-York Medical College, ...	221	Gleanings from the American Journal of		Extract from an Address delivered by Dr.	
Pennsylvania Medical College, ...	221	Medical Science, for July, 1852, ...	230	Samuel Grimes, of Delphi, at New Al-	
Medical College of Ohio, ...	221	Dr. Clark's Address before the Suffolk Dis-		bany, May 20, 1852, before the Indiana	
Jefferson Medical College, ...	221	trict Medical Society, ...	230	Medical Convention, ...	240
Medical Politics, ...	221			A Psychological and Literary Phenomenon!	242

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEDEIAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, Jr. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LONDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

Fees—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1852-3.

The regular Course of LECTURES will commence on Monday, the 11th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M. D. Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D. Professor of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M. D. Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D. Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D. Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D. Professor of Chemistry.

ELLERSLIE WALLACE, M. D. Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, two thousand and twenty-nine cases were treated, and three hundred and eight operations performed. Among these were many major operations—an amputation of the leg, thigh, arm, hand, mamma, &c. trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the Dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEES.

Matriculation, which is paid only once, ...	\$5 00
Each Professor, \$15	105 00
Graduation, ...	30 00

The number of Students during the last session was 506; and of Graduates 228.

R. M. HUSTON, M. D.

Dean of the Faculty, No. 1 Girard-street.

July, 1852.

UNIVERSITY OF LOUISVILLE, MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, JR. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinique has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2 50 to \$3 a week.

L. P. YANDELL, M. D.

August, 1852.

Dean of the Faculty.

FREE MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN. SESSION 1852-3.

ZINA PITCHER, M. D. Emer. Prof. Institutes of Medicine and Obstetrics.

SAMUEL DENTON, M. D. President, Prof. Principles and Practice of Medicine.

ABRAM SAGER, M. D. Prof. Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLASS, M. D. Prof. Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D. Prof. Anatomy and Surgery.

J. ADAMS ALLEN, M. D. Secretary, Prof. Materia Medica, Therapeutics and Physiology.

EDMUND ANDREWS, M. D. Assistant Lecturer in Anatomy and Demonstrator.

The Third Annual Session will commence upon Wednesday, the 6th day of October next, and continue till the third Wednesday in April ensuing. A Matriculation Fee of Ten Dollars entitles to the privilege of permanent membership. Four Lectures daily, or a total varying from five hundred and forty to five hundred and sixty during the entire term.

The prime object of the Institution will continue to be, to carry out as strictly as possible, in spirit and detail, the requirements of the National Medical Association.

For further particulars, if desired, address the Secretary of the Faculty at Ann Arbor, Mich.

J. ADAMS ALLEN, Sec.

PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.

NINTH, BELOW LOCUST-STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D. Professor of the Theory and Practice of Medicine.

JOHN WILT BANK, M. D. Professor of Obstetrics and Diseases of Women and Children.

HENRY S. PATTERSON, M. D. Professor of Materia Medica and Therapeutics.

DAVID GILBERT, M. D. Professor of the Principles and Practice of Surgery.

JOHN J. REESE, M. D. Professor of Medical Chemistry and Pharmacy.

J. M. ALLEN, M. D. Professor of Anatomy.

FRANCIS GURNEY SMITH, M. D. Professor of the Institutes of Medicine.

WILLIAM H. GOBRECHT, M. D. Demonstrator of Anatomy.

The Lectures for the Session of 1852-3 will commence on Monday the 11th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator.

Clinical Instruction at the College and at the Pennsylvania Hospital in the immediate vicinity.

FEES.—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information apply to

D. GILBERT, M. D. Registrar,
181 N. Ninth-street, Philadelphia.

August, 1852.

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

R. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PEASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

D. S. CONANT, M. D. Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday 22nd of September, which will be independent of the regular Course, and will be free to all Medical Students.

The Dissecting Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

FEES.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New-York Medical College,
East Thirtieth-st. near Broadway.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 16 & 17.

AUGUST 15, 1852.

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" " 12 lines or less, \$5. " "

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SUBSCRIPTION.—The price of this journal is \$1 per annum, which must be *paid in advance*. Double numbers, 12½ cents. Extra copies, \$10 per hundred.

TO OUR SUBSCRIBERS.

This being a Double number, our next issue will be on the 15th of September.

Postponed Articles.

The press upon our columns has compelled us to postpone until the next number, several original and valuable articles. Among these are the concluding lecture of Professor Carnochan, on Lithotomy; Dr. Isaac Greene's successful case of Amputation of the Lower Jaw, with wood-cuts; Dr. O'Reilly's case of Tumour of the Neck, also with wood-cuts; beside several others.

New-York Pathological Society.

We commend to the attention of this learned body, the recent case of sudden mortality of a gentleman in Fourth-street, under the care of one of their number; and shall expect their sage opinions in the next number of the *Medical Times*, which they have made their chosen organ by resolution. If they do not shrink from a full report of that 12 gr. dose of Quinine for a Remittent Fever, followed the next day by bleeding and mustard plasters for Pneumonia, and death soon after, we will withhold the notice sent us for publication. Let them speak through their organ.

Cholera.

The epidemic form of this dreaded disease has appeared at Rochester, N. Y. and sundry other places in the Western part of our State. In the city of New-York we hear of but a few sporadic cases, although the disease has for some weeks been in the Marine and Emigrants' Hospitals. The utmost precautions are called for on the part of the authorities and the citizens.

Wholesale Plagiarism by Professor Bedford!

The "Psychological Phenomenon," as Professor Charles A. Lee denominated this scandalous plagiarist of an entire lecture, in the withering exposure of Dr. Bedford, which he made at the time; has been reproduced in the *Scalpel*, from which we copy. In allusion to the reference made to this subject in a recent editorial, a correspondent uses this language:—

"The man who delivers a stolen lecture as his own, is simply a *knave*; but when he consents to *publish* it, he shows himself likewise to be a *fool*. He thus eternizes his own shame, and writes himself down an ass. There is no respectable College in the country, who, for such an offence, would not drive such a Professor from the chair he had disgraced," *always excepting the University of New-York! Proh pudor!*

This quotation is good round Anglo-Saxon, and what is better, it is a timely expression of just sentiments, such as will find a response from the profession at home and abroad.

It is well known that the exposure when first made, aroused so much indignation and scorn among the profession, that Dr. Bedford was compelled to offer his resignation, which his colleagues would have accepted, nothing loth; but in the language of one of them, "it would have been very inconvenient at the time to have relieved Dr. Bedford of his pecuniary responsibilities for the College," and he held his chair because his claims could not be met, and is hence called the "*pecuniary Professor!*"

Yale College.

The circular of the medical institution of this College is received, bearing the names of six "Medical Examiners" other than the Professors, so that the profession in Connecticut hold a salutary and necessary protection from the deplorable mischiefs of the indiscriminate conferring of degrees by the interested parties, who elsewhere combine in their own persons, both the teaching and licensing power. The signs of the times indicate that these mercenary monopolies are to be superseded by independent Boards of Examiners in every State of the Union, and they will be, as soon as the profession and the public shall be fully enlightened as to the manner in which diplomas are lavished upon unqualified students, provided they can only pay the fees. To facilitate this manufacture of Doctors,

the University school of this city advertise the students, that they shall be exempted from the dreaded "green room," as the place for the final examination for degrees before all the Faculty collectively, has been called from time immemorial, and that they shall be examined in private before each professor with closed doors, even the censors of the State and County Societies being excluded. This is the inducement held out to all who will only pay toll at their Mill. Honor to old Yale and the State of Connecticut for the examples they have set by their disinterested and independent Board of Examiners. *Their* parchment and great seal will be worth something.

Correction.

We were led into error in our last number, by including our confrere, Dr. Bulkley, among the "non-governing faculty" of the University, for we are now requested to say that his connection with that school has ceased. He refused the appointment of "sub-professor," and only consented to lecture on diseases of the skin during the summer for three hundred dollars, which the Faculty have stipulated to pay, but when payment is to be made is yet *in futuro*. It will probably be forthcoming, whenever there shall be unappropriated money in the Treasury, of which due notice will be given. We congratulate Dr. Bulkley on his safe deliverance from a most uncongenial association, and hope never again to see his name in that category.

He assures us moreover, that we have been misinformed as to his editorial assistants in the conduct of the *Medical Times*. Neither Drs. Metcalfe or Van Buren have any thing more to do with the journal than any other contributor; and Dr. B. disclaims any subserviency to that ilk, or any other clique. We hope that the next number will be expurgated of that bad odor, when we shall chronicle the fact. Heretofore it has been too much in the service of the "Mutual Admiration Societies," whose names have become a drug in this market, and whose fulsome adulation of each other is an offence in the nostrils of the profession, who know the hollowness of the pretensions of all parties.

Baltimore College of Dental Surgery.

The announcement of the next session shows that the Faculty are preparing to resume their labors, with an increase of energy and zeal, which affords the best prestige of success.

Translators Wanted.

We have been wondering what has become of that great work of Bernard Huet, of which one or two numbers were issued with a flourish of trumpets, "translated from the French by Drs. Van Buren and Isaacs," &c. Has the labor of translating the "explanation of the plates," and of writing those astoundingly erudite "Notes" exhausted the twin translators and editors? Have they or their publisher realized

our prophecy that it would not pay? It is rumored that the translation of the balance is in the market for any aspirant who will do it for the honor, and without pay. His name will figure on the title pages of the remaining numbers when they appear, if ever, and he may thus go down to posterity with the twins, who began without finishing the work. Don't all speak at once. It is not required to know any thing about French, for the work can be done *by proxy*, which is the modern fashion.

Surgical Advertising.

The great operation of *shaving a pig* has lately been performed by Professor Barber of this city, with his usual science and skill, proving his claim to pre-eminence in Surgery. The whole operation was completed in five minutes, and this expression of gratitude is from the *piggie* himself, so that the Professor knows nothing of this puff of his wonderful abilities in this line of business.

PIG-TAIL.

[The foregoing notice is sent us as a satire on a late ridiculous laudation in the newspapers, of a distinguished surgeon, for an operation of the most trivial kind, and one upon which the merest tyro would not presume to plume himself. But though we give it insertion because it contains a merited rebuke to an acknowledged quackery too often tolerated, yet we demur against its applicability in the recent instance referred to, believing as we do that the newspaper notice of this small matter, is as offensive to the surgeon as it can be to our correspondent.]

American Institute of Homœopathy.

The proceedings of this body, at their Session in Baltimore, have been published. The whole number of members, as appears by their catalogue, which includes both the living and the dead, is 271. This aggregate is made up from the whole country, from Canada to California, and including both with the several States of the Union. As all the tribe in New-York, of whom we have any knowledge, even the practitioners of Dentistry, fraternizing with them, are found in the list, we suppose that it is safe to infer that this sum total of 271 is the extent of "Homœopathic practitioners," who can be counted up on this continent.

As confirmatory of the estimate of the statistics of the sect, a few other data are found in this document which we subjoin.

In the city and county of Philadelphia, there are said to be *sixty* Homœopathic practitioners, and it is claimed that these are patronized by 90,000! one-fifth of the population, which is rated at 450,000. A very modest pretension certainly!

From Massachusetts, it appears that there are *fifty-nine* in the commonwealth, who, we are told, are all doing "a *paying* business" in Homœopathy; which is certainly high praise, for the Yankees are proverbial

for "minding the main chance," and it is not unprofessional in the craft every where to imitate them.

The only other statistical items which can be gleaned from this document are that incidentally mention is made of "4 Homœopaths in New Hampshire, 3 in Maine, 4 in Rhode Island, and 3 in other States," meaning New England, we suppose. But for greater accuracy, and for the reason that we would rather overrate than underrate the forces of the tribe, we refer to the general catalogue, by which it appears that the ratio for the different States stands thus, viz. :—

New-York, 83; Pennsylvania, 47; Massachusetts, 32; Ohio, 19; New Jersey, 14; Maine, 12; Connecticut, 10; Rhode Island, 10; New Hampshire, 7; Maryland, 7; California, 4; Louisiana, 3; Texas, 2; District of Columbia, 2; Alabama, 2; Virginia, 2; Illinois, 2; Wisconsin, Georgia, Delaware, and Canada, each 1; and a few others not located. Such is the classification of all the members of this National Society, which no doubt records the names of all in the country whom they recognize, good, bad, and indifferent, for many of these are certainly indifferent enough. If a similar enumeration of Physicians were made, there would be found five times as many in New-York city alone, as there are Homœopaths in the whole country.

Nothing demonstrates the insignificance of the sect more clearly than these statistics furnished by themselves. And if they could only be required to show their colors in every place, by announcing themselves as Homœopaths on their signs and cards, as honesty demands, the public could then discriminate between them and physicians, and the line of distinction being thus drawn, they would be impotent, even though as numerous as the locusts of Egypt.

New-York Medical College.

The Circular of this Institution, announcing the definite arrangements for the ensuing course of lectures, has just been published. In addition to the seven professors named in their advertisement, the Trustees have secured the services of Professor Joel Parker, L. L. D. of Harvard University, for a full course of lectures on Medical Jurisprudence; and they have also provided for a course on Dental Pathology, and Dental Surgery, by C. C. Allen, M. D., D. D. S. whose lectures during the last session gave such general satisfaction. This new College has every advantage which an able Faculty, a splendid building, a most extensive Museum and Apparatus, and every other facility for practical and clinical teaching which can be found in any city of the Union, can afford to students. Those who are ambitious to excel, and obtain a *diploma* when they shall be amply qualified, which is by law declared to be a license to practise in every county in the State of New-York, will do well to inspect the claims which this school has upon their preference, judging by comparison with other schools in our own and other cities. The Trustees and Faculty are anticipating a large class.

Pennsylvania Medical College.

We have heretofore chronicled the changes in the Faculty of this school, and augured its greater success. By their announcement in another column it will be seen, that their regular course will extend from early in October until March, with facilities for cultivating Anatomy a month earlier. Students will perhaps be less crowded than at the neighboring schools in Philadelphia, which are attended with greater eclat, but the character and extent of their opportunities for improvement, will be equal to those furnished by any college in the country, while their comfort during the hours spent in the lecture rooms will be immeasurably increased, which on the score of health ought not to be disregarded.

Medical College of Ohio.

The recent changes in the Medical Faculty of this school will be seen in their announcement on another page. The veteran Dr. Drake resumes his position in the chair of Practice, and Dr. Baxley has been transferred to the Professorship of Surgery, and Dr. Cobb takes the chair of Anatomy. The present organization of this school, and the completion of their new college building, give promise of a career of increased prosperity, such as the Faculty will not fail to merit.

Jefferson Medical College.

This great rival of the University of Pennsylvania, after a career of unexampled success, the class of the last session having numbered more than 500 students, announces the next regular course of instruction for the ensuing winter in another column. The secret of their prosperity lies in the ability and harmony of the Faculty, and the multiplied attractions to students, which they are ever accumulating by their enterprise and liberality, not for ostentatious display, but for actual use and improvement in medical education.

Medical Politics.

A correspondent, signing himself "One who knows," details the negotiation on the part of the University School, to secure the retirement of their ancient President from the Crosby-street College, where he had taken refuge and found shelter, while the Faculty of the former were learning the lesson that they could not get on without him. He reports that the veteran made his own conditions, viz. :

1. He was to be restored to the Presidency as formerly.
2. He was to be placed on an equality with the other Professors, as respects emolument.
3. His son-in-law was to be appointed to the Chair of Anatomy.

The first of these conditions was found impracticable by reason of the adhesiveness of the incumbent, and the title of ex-President and Emeritus was at last

accepted; the second and third conditions being yielded, the latter very reluctantly, but it was a *sine qua non*.

Our correspondent seeks to reconcile the students to the new and untried Professor of Anatomy, whose deficiencies he admits, by justly eulogizing the Demonstrator, Dr. Darling, who he says "finished the course commenced last year by Professor Pattison, to the satisfaction of all; and he will teach Anatomy to the class, who may depend on his qualifications." The Professor will certainly do better, if he lecture by proxy.

Developments of Controversy.

The Western Medico-Chirurgical Journal of Iowa, publishes the following choice expose of the fruits which have resulted from the strife for students between the rival colleges at Chicago, and La Porte. The italicized portion seems to excite special wonderment out West, but we can beat it all hollow in New-York, for a premium of 25 dollars has been given for recruiting pay students, while the same school will furnish lectures and diplomas cheaper than they can be had at either Chicago or Keokuk. Look out for show bills soon, offering, like the steam boats, *free passage to the doctorate, with dinner and wine to boot.*

But now for the extract from a letter of the late Professor Hard, alluding to Rush Medical College at Chicago:—

"At a time when that faculty cut down their price, we had a class of some 80 or 90 at Laporte, who had not heard it till they got to Laporte. The students were soon flooded with their proposals by mail. Finally, two missionaries were sent amongst them, one an editor of the Journal, (Dr. Meek) the other a student. They staid two or three days, and succeeded in drumming up ten or twelve, whom they took to Chicago. This was the entire number who left. Letters were written by these students to ours, using every argument to persuade them to leave us. Finally, one of our boys, (a fine little boy) to amuse himself, wrote a letter to Prof. Herrick, (Professor of Anatomy in Rush Medical College,) over a fictitious signature, inquiring their best terms if he would go to them. Dr. H. answered. I read the letter, and saw Herrick's signature. He replied that he might come at half price, and have credit, and, if our faculty tried to detain him by reducing the fees, he would in that case give him his course lower than our lowest proposition! and then added—*If you can induce any considerable number of your class to come with you, your travelling expenses shall be refunded to you!*"

The Iowa Journal then adds the following saving clause, which we commend to some of our neighbors:

"There are some good men in the Chicago School whose position we pity, and who should have more respect for a reputation we fully recognize, than to remain any longer under an odium which that institution has unhappily incurred. They should regenerate—re-organize their school upon just and honorable principles—determine the question of fees as they may deem proper—and place themselves again in an attitude of respectability before the world."

Communications.

To the Editor of the New-York Medical Gazette.

Pessary.

DEAR SIR—In the last number of your valuable paper, an extract from the transactions of the College of Physicians in Philadelphia, is given on the subject of the Pessary; and in the last number of the *Medical Recorder*, Professor Desgranges proposes a substitute, which rather opposes the theory of the Philadelphia Professor, and if not adopted by the New-York profession, it may serve for some of the modern clinical experiments, instead of the old obsolete instrument so long condemned by the writers on the subject. The two systems, however, if not new, are at least *fanciful*, and as they add to the already extended number, the worthy Professors should be commended, if not for their science or judgment, at least for the ingenuity of their researches. The zeal with which the doctrine is proclaimed shows that the female portion of our race is cared for, and if they cannot reciprocate their acknowledgments in the prospect of relief, they can at least commend the ingenious methods of torture.

Professor M. having abandoned his "hen-egg," so eloquently recommended to his students a few years since, it now appears, a *flexible ring*, some four inches in diameter, is necessary to sustain the *vagrant uterus* in its natural position. The vagina, which he believed to be the cause of the disease, and told the aforesaid students to cure, if they expected to cure prolapsus, is a distensible, instead of a restile muscle, and therefore insufficient to the *propping* operation assigned. The "hen-egg, manufactured by Mr. Warner, an excellent and obliging mechanic, No. 14, Merchant-street," but not so taking as the *horse-shoe* of a brother Professor, is also defective, and the *ring* bent or elongated for the convenience of insertion, and afterwards manipulated into shape, is now "the only thing fit for the business." But Professor Desgranges, living in the neighborhood of where the Bastille once stood, and perhaps more familiar with the various systems of torture, proposes a more delicate operation, which, he says, effectually accomplishes his object. He first throws the patient on her back, and instead of a Pessary introduces a series of *nippers*, which, fixed upon the internal tunic, suppurate, and eventually contract the *over distended* organ. This process, after repetition for the full period of four months, closes the part, and if the recumbent position has not effectually cured the disease, it narrows it and closes the aperture against all kinds of protrusion.

But to be serious upon matters so important to the profession, why are systems so opposed to nature—so directly in violation of the principles laid down by surgical writers—and so opposite to the treatment suggested by the father of medicine himself—permitted to occupy any portion of the public mind? If relaxations of the muscular system, and consequent gravitations of the solids and fluids of the body, are sufficient to force

the bowels through the walls of the abdomen, is it not reasonable that the same cause should encroach upon and displace the organs of the pelvis? And if so, is it consistent with common sense that a pessary should be forced into an inelastic region to prop the womb and antagonize "the superincumbent weight from above?" or is it consistent with the science, or any principle in physiology, to *contract by nippers* an organ purposely distensible, and thereby torture the patient and destroy its functions? Consequently, in the consideration of the various experiments to which the female is subject, these two must not only be regarded as indelicate and unnatural, but unscientific, and unworthy the serious consideration of the profession. Indeed, were not the parties named and known, the whole affair might be regarded as a trick of some of the *Paths* to bring the science of the old path into disgrace.

Respectfully, your obedient servant,

J. M. S.

Audi Alteram Partem.

DR. REESE,

Dear Sir—In the number of your *Medical Gazette*, dated July 15, there is an acrimonious article from the pen of John Watson, in regard to a resolution that was passed by the New-York State Society, at its last annual meeting, on which I beg to offer a word of comment.

Waiving for the present the discussion of the merits or the demerits of the resolution, or the memorial which he publishes, I wish merely to correct some misstatements contained in the article, which were evidently made without competent knowledge; and also some erroneous impressions the writer seems to have in relation to the State Medical Society.

The facts in regard to the resolution referred to are these:

A representative from one of the County Societies (not a "Pereodeuti" nor one of those "certain gentlemen connected with the Colleges," was shown the said memorial by a member of the Legislature, while alone at the Delaware House, at rather a late hour of the evening last preceding the last half day of the Society's session.

It was examined, and "its bearings considered" as much as time would allow.

The morning session was occupied by pressing business, in accordance with previous arrangements, hence no fit opportunity offered of presenting the resolution until near the close of the meeting, when it was written without consulting with or knowing the mind of any individual, shown to two gentlemen on either side of the writer, both county delegates it is believed; then handed to the Secretary, who read it in an audible voice from his desk, and it passed without a dissenting voice. How many of the city delegates were present is not distinctly recollected, but if the records of memory do not greatly deceive, Dr. A. H. Stevens, Dr.

Alonzo Clark, Dr. Rockwell, delegate from the New-York Co. Society, and one or two others, whose names are not known or forgotten, were present.

These facts, then, are sufficient to show that this vote of disapproval was not brought about by certain gentlemen connected with the Colleges, as charged; and that these gentlemen did not make it appear that the proposed law would lead to the establishment of a medical college in every alms-house in the State. For, as Dr. Watson says, it was introduced and passed without discussion; hence there was no opportunity of making any thing appear but what was expressed in the vote.

A word in regard to the Society taking action on a matter which had never been submitted to them, and in which they had no authority to act.

There is a memorial about to be presented to the Legislature of the State, bearing on the profession to which the medical gentlemen present have devoted their lives. Being made acquainted with that fact, they naturally desire to express their views upon it, and especially now as it would probably be the only opportunity before action would be had upon it by the Legislature. Like any other body of men they did so. They did it by the authority vested in every free American citizen, to speak his own sentiments. They neither claim nor desire any other, and if they did, where were they to obtain it? Certainly not from the medical care of the City and Bellevue Hospitals, however worthy that body of men may be, from the very fact that they are not lords over our consciences, neither do they keep the key to the padlock on our lips.

Who has been "led and hoodwinked," the gentleman will now have a better opportunity of judging.

Whether the Society has degenerated since the days of yore or not I cannot judge, as I am but a young representative; but this I know, that many of the county representatives and permanent members from the country regard this opportunity of meeting with their medical brethren from different parts of the State for conversation, mutual consultation and interchange of sentiment a precious one. To leave their severe and active labors for a few days, and spend the time thus, is to them a rich treat. It is almost the only opportunity many of them have, except at the meetings of the County Societies, of greeting face to face those who are laboring in other parts of the State in the same department of humanity's cause. They go home feeling encouraged, refreshed, and invigorated, and buckle on their armor again with new zeal.

This Society has the same means of disseminating knowledge, and of doing good in every possible way, that it always has had, (except the means of legal suasion) and if she is not true and faithful in the discharge of her duties, it is the business of such men as John Watson to set her right, instead of staying at home and finding fault. If he regards the medical improvement of his country brethren, and their enjoyment

and edification, it strikes me he will hereafter look at this matter.

All the Counties in the State which keep up any medical organization at all, send or appoint delegates to the State Society. It is not probable that all can make it convenient to attend, but I very much doubt whether the average attendance had ever been greater than at its last meeting, or its meetings more interesting, or its pages less "*trashy*."

The New-York State Medical Society then does exist as much as it ever did, and so far as Medical Schools and Hospital Schools are concerned, it possesses as much *authority* as ever. It had the same right to express its views of them, and to use its influence for or against them. But that this authority may not be abused or perverted, we sincerely hope that Dr. Watson will hereafter endeavor, in some capacity, to be present, and aid by his judicious counsels, and by his rich and varied treasures of learning and knowledge, in guiding her in the legitimate sphere of her duty.

Most respectfully yours,

P. STEWART.

Peekskill, July 24, 1852.

Dr. O'Reilly's Case of Laryngotomy.

Mr. Mullins, aged 30, residing at Oliver-street, states that on the 21st of May, 1852, having some business to transact, he put a sixpence in his mouth to pay his stage fare—that soon afterwards he was attacked with a fit of suffocation and loss of voice—that he was carried to an apothecary's store, where a medical man, by the operation of instruments, so far relieved him as to enable him to respire, but that the loss of voice continued—that for some nights after the accident his breathing became so difficult as to compel him to leave his bed and open the windows to let in the air. On the 27th of May, when he consulted me, the following symptoms and signs were present: loss of voice, laryngitic cough, anxious expression of countenance, respiration normal in the right as well as left lung. No mucous *râle* perceptible in trachea or bronchi—no evidence of inflammation, pulse regular, tongue moist and clean. The patient stated he had taken some emetics without relief. I directed to have him inverted, which expedient was several times had recourse to. On the 28th the patient was visited by Professor Parker, when it was determined not to interfere by an operation for the present, but to give the patient a chance of coughing up the foreign body, or of allowing it to become encysted, it being understood that the operation should be at once had recourse to in case of emergency.

9th June.—The patient, as well as his relatives, insist on something being done to relieve him, and desire to have the opinion of Dr. Mott.

10th June.—Professor Mott examined the patient, in consultation with me. The result of our deliberation was, that the six pence was in the Larynx, and that

the operation of Laryngotomy should be performed for its extraction.

16th June.—I operated on the patient, as had been determined on, in presence of Professor Mott, and assisted by Doctors Mott and Galleher. The cricothyroid ligament being exposed, and a transverse incision made into it, with a vertical one in the median line, ample room was afforded for the introduction of the necessary instruments. I now passed up a probe and soon detected the presence of the coin in the left ventricle, whereupon I withdrew the probe, and introduced a forceps; however, in endeavoring to take hold of the sixpence, it was pushed up into the mouth, and the patient swallowed it, adding at the same time, in a loud voice, "I have swallowed it."

The patient after a little time imagined the sixpence merely changed its position, and insisted on my again searching for it. I gratified his request, and I must say for some time I thought he was correct, the cartilage composing the Larynx being partly converted into bone, conveyed a metallic sound, and to a certain extent deceived me. Immediately after the operation, I directed a purgative bolus, with an aperient draught, and after the lapse of some time I had the satisfaction of having the sixpence presented to me, after being twenty-six days lodged in the Larynx. The patient went on most favorably after the operation. The wound healed kindly, he regained his voice, and his general health improved.

The foregoing case is one of great interest, it demonstrates the fact of one of the ventricles in the Larynx being capable of containing such a large sized foreign body as a sixpence—that pressure on the chordæ vocales on one side will produce loss of voice. The late Professor Colles, of Dublin, considered the ventricle could not contain a larger substance than a small pea. Sir Benjamin Brodie seems to entertain similar views as to the size of the ventricle. As he conceives a sixpence or half sovereign would slip through the glottis and get into the right bronchus, evidently not supposing it could stop in the ventricle. In Brunel's case, reported by Sir B. Brodie, the medical men who examined the case derived no information by auscultation, as to the situation of the half sovereign which the patient swallowed.

Sir B. Brodie performed the operation of tracheotomy, but did not succeed in extracting the foreign body, notwithstanding he endeavored to do so on two different occasions—the patient eventually coughed it up. The question now suggests itself, whether it was in the Larynx or right bronchus—the termination of the case now detailed would indicate that it might be in the ventricle. This view of the case would be further corroborated by the fact of the foreign body being propelled into the mouth, and not through the opening in the trachea, as should be if placed in the bronchus.

University of Louisville.

This prosperous and flourishing school, it will be seen by the notice in another column, will open its next session on the 1st of November, after a preliminary course occupying the previous month. With so able a Faculty, the continued success of this College cannot be doubtful.

University of Michigan.

THIS FREE medical school is now fully organized, as set forth in its announcement, and from the high stand it has maintained, in conformity with the requisitions of the National Association, as to its Faculty, requirements, and its extended course, it promises to be an honor and ornament to the State, which has been the first to provide for medical education, without money or price, by its endowment of a Free University, worthy the name. This liberal policy would be the interest as it is the duty of every State in the Union.

Extract from Dr. T. Cock's Inaugural Address before the New-York Academy of Medicine.

I stand before you, the representative of a generation almost past. Of the contemporaries of my early life, those who struggled with me for a position in society, but few remain. Of my immediate predecessors, Post, Hosack, Seaman, Mitchell, Miller, Bruce, Watts, &c. there remains but a single individual. Dr. John Neilson is the only one who survives, of those who were in practice when I commenced the study of medicine, and he had not at that time entered upon extensive practice. Dr. Thomas Boyd, the senior practitioner in the city, came to New-York in June, 1805, having commenced his medical career in 1793, at the age of 21. He is, as I am informed, 80 years of age, and still is engaged with professional duty. Our city, that in my days of medical study barely reached the New-York Hospital, is now extended over an area many times as great; and the little band of medical men who then sufficed for the population, is now increased to nearly a thousand. Infirmarys and Dispensaries have multiplied; and other charitable associations, which then had not even a name, have now arisen to extended and permanent usefulness. Having witnessed so many changes, can you wonder that, standing as I do between the living and the dead, and identified as I have always striven to be with professional advance, I should look with some solicitude upon this last experiment for the improvement and benefit of the medical profession? Before entering upon the consideration what other associations are doing, and what we ought to do, I would delay for a few moments with the reminiscences of the past; and in laying before you some facts in medical history, would solicit your indulgence while I pay a brief tribute to the virtues and character of one who did much for the profession and the public, at a time when the one was in but a moderate degree of advance, and the other too little enlightened, correctly to appre-

ciate the responsibilities of medical men. To this distinguished individual, I feel a debt of gratitude, that emboldens me to place him before you as an object of honest pride, as a Surgeon and a Philanthropist. Much has been done on another occasion, and by an abler pen, to acquaint the Academy with the eminent men in the profession of past times; but the virtues of Dr. Valentine Seaman are too fresh in my recollection, to permit the casual notice then given of his character, to be the only record of him that will descend to posterity. He was my preceptor and my friend; and from the time of my entering his office in 1800 to his death in 1818, he was a most valued instructor and esteemed associate. He was a member of the Society of Friends, and the first regularly educated medical man of that community in New-York. To their tenets he maintained a steady adherence throughout his life. As an instructor, Dr. Seaman was plain and eminently practical; and his teachings are esteemed by some of our members who enjoyed the benefit of his instructions, to be the basis of their success in practice. Of the young in their professional struggles he was the firm and unswerving friend, never permitting himself by neglect or inuendo to diminish the confidence of their patients in their skill and abilities. In connexion with his friend Dr. Edward Miller, he engaged in Clinical instruction in the New-York Hospital, in 1801, Dr. S. taking the Surgical and Dr. Miller the Medical wards, the arrangement being independent of any medical school then in operation. This was the first attempt made to give Clinical Surgical instruction in this city. Dr. Seaman was the earliest analyst of the Saratoga and Ballston mineral waters, and subsequent investigators have found much in his remarks to commend. The crowning benefit Dr. S. conferred on New-York, was the introduction of the immortal discovery of Jenner. This was not accomplished without great opposition, both from the profession and the community. His efforts in this truly noble cause should ever render his name conspicuous among the benefactors of mankind. The lymph which was used in the first experiment, was taken from a patient vaccinated by Dr. Waterhouse, of Boston, who arrived in this city in time to afford a supply of the virus. Dr. Seaman vaccinated his own son and several other citizens; the disease passed through its regular course, and the subjects were subsequently severally tested by Inoculation. Immediately, as with Dr. Jenner, much opposition to the new practice arose, and much obloquy was cast upon Dr. Seaman. Notwithstanding this, he steadfastly persevered, until Vaccination was established as the usage of the Profession.

United with several of his philanthropic fellow-citizens, he assisted in the formation of the "New-York Kine Pock Institution," the object of which was the vaccination of the poor, and to supply genuine virus for distribution. As associates in this charity, Drs. Post, Miller, and Borrowe took an active part. Dr. Seaman labored earnestly to propagate the genuine

disease, and repeatedly cautioned the public against spurious infection. He published an account of Vaccination, and has left a manuscript volume on its first introduction, which still exists in the library of the New-York Hospital.*

At the same time that I became a pupil of Dr. Seaman, I entered the Medical School of Columbia College, Drs. Post, Hosack, Rodgers, Hammersly, and Mitchell, being the Professors. This was at that time the only chartered Medical School in the city, and I believe the second in age in this country. It had been brought into organization by the efforts of a rival school, which existed under the direction of Dr. Nicholas Romaine, who at that time filled a conspicuous station in New-York—for he was a man of uncommon mental powers, and great medical attainments—a perfect Boerhaave, lecturing with facility upon all the branches of Medicine.

He had the control of the Alms-House, then situated in the Park, being the only Hospital in the city; and through his connexion with Queen's College in New Jersey, he obtained medical honors for his pupils. Such was his popularity, that he drew all the medical students after him, and the friends of Columbia College were compelled to organize a Medical School, to prevent an utter desertion of pupils. Romaine's ambition extended not only to a monopoly of teaching, but he aimed at the possession of the whole field of practice for himself and his followers—he designed "to raise a corps of medical men, who should take the whole practice of the city, and drive the rest back into the woods," and he would then be "Consulting Physician General."

At this time, party feeling ran high in the profes-

sion, and the excitement found vent at times in active opposition. But the materials with which Dr. R. had to deal did not possess his capacious mind, and his experiment failed. Dr. Romaine was of Dutch descent, and had strong national attachments. He studied medicine in Leyden, and in addition to his correct knowledge of the classics, he also spoke the Dutch language with fluency, which circumstance gave him great popularity with the old inhabitants of the city. He was highly respected by all who knew him, for extensive knowledge upon all subjects—in mind and body he had few equals.

The state of Columbia College, at the commencement of my pupilage, was by no means flourishing—the Anatomical class numbered but twenty-five students, and the other classes were very small. I think there were no lectures upon Theory and Practice of Medicine until my second year. The chemical lectures were attended by the Medical class in common with the senior and junior students of the Arts, Dr. Mitchell being the professor. These lectures were by no means profitable; the experiments were but few, and from a damaged apparatus, while numerous interruptions from noisy classmates precluded much benefit from them. Such was the dilapidated state of the College edifice, that both Chemical and Philosophical apparatus suffered from the rain that came freely through the decayed roof: the Anatomical Museum also suffered from this cause, and the funds of the College were too low to permit the necessary repairs. The generally depressed state of the school damped the energies of the Professors, and no more duty was performed than was sufficient to carry us through the term of a four months' course. In the Anatomical Department a single subject for the course, and a head for the demonstration of the brain, constituted all the dissection shared in, until near the end of my pupilage. My friend and fellow-student, Dr. Mott, will doubtless recollect the first subject we procured for study—for we were our own resurrectionists. The Professor of Anatomy performed the dissections with his own hands, and the class had the privilege of looking on. Great secrecy was observed in procuring subjects, and the class was cautioned to maintain a prudent reserve in respect to the dissections in progress. This caution arose from a recollection of the famous "Doctors' Mob," one of the most formidable that ever occurred in this city, and in which several lives were lost. My preceptor has often described to me the excitement upon that occasion, and his individual exposure during the riot. He was a pupil in the Alms-House, and was called upon to dress the wounds of some person of distinction, while a guard stood by with a drawn sword for his protection; he observed "it was a superficial dressing," and hastily retreated to his room, for the very name of "Doctor" was sufficient to increase the fury of the mob.

Limited as we were for anatomical material, we were equally deficient for text-books. The libraries of

* "New-York, at an early date, seems to have been favored in the organization of institutions of a humane and benevolent nature, by the enterprise of her citizens, and prominent among them we might record the names of several of her physicians of that period. The distinguished Dr. John Bard, ever after his settlement in New-York, conceived the importance of a public Dispensary, and wrote on the subject about the year 1759. At this time, urgent reasons existed for the establishment of such an institution. A vessel had arrived from Amsterdam, freighted for the transportation of Palatines, among whom a malignant fever had broken out, which had destroyed a great number. On this occasion, Dr. Bard was employed by the Corporation to take measures in order to prevent the extension of the malady. He drew up a memorial for the purpose, and represented the expediency of providing a post-house against similar occasions. Buildings were provided at Bedlow's Island, whither the sick were also removed. These measures may be deemed the first of that order which gave origin among us of public Hospitals and city Dispensaries. This institution was organized on the 8th of April, 1790, and was incorporated in the year 1795 under the name of the Trustees of the New-York Dispensary, for the purpose of relieving such poor persons as are unable to procure medical aid at their own dwellings, and are so circumstanced as not to be proper objects for the Alms-House or Hospital. This institution has grown into great importance, by its strict management, and three others are established upon a similar organization in other parts of the city."

most physicians were quite small, and the New-York Hospital could not supply our necessities. These deficiencies were in a measure supplied by the valuable clinical lectures of Dr. Rodgers at the Hospital. Following with scientific accuracy the classification of Cullen, he made prescriptions and brief practical remarks at the bedside, reserving a more elaborate detail for the lecture-room. During my connexion with Columbia College there were but few Medical graduates, at no time exceeding three, while upon several occasions, but a single candidate presented. A Medical degree entitled to general practice, but a license could be obtained without any examination; hence but few could be induced to go through the strict ordeal required by the College.

After my graduation in the autumn of 1805, a more animated spirit pervaded the Anatomical department, a Demonstrator was appointed, and the students were encouraged to make dissections and preparations.

In the spring of 1807, the College of Physicians and Surgeons was organized, and a spirit of activity in Medical Science was manifested, which induced a larger attendance of students than had ever before been known amongst us.

Of its history and various revolutions and changes, it is not my design to speak. Suffice it to say that, in the year 1813, the Medical Faculties of Columbia College and of the College of Physicians and Surgeons were blended into one.

At the time of this amalgamation of the Faculties, Dr. Romaine, who had been attached to the College of Physicians and Surgeons withdrew, and united with Drs. Bruce, Watts, Bayard (now of St. John's, N. B.) Stevens, and myself, in organizing the "Medical Institution."

With us were associated as aids, though not as members of the Faculty, Drs. Seaman and Miller of the New-York Hospital. This Association was connected with Queen's College in New Jersey, Dr. Livingston being President. The lectures were delivered in a building which still stands near the present corner of Duane and Hudson-streets, the latter of which was not at that time extended below Duane-street.

It continued in active operation for five or six years, during which period every effort was made to give a complete course of Medical Instruction. Success attended its efforts, and a number received its honors who are still in the field of active duty, enjoying the reward of their diligence and industry. Most of the number have held posts of honorable distinction among their professional brethren.

Shortly after the close of my Medical studies in 1806, the Legislature passed a law establishing Medical Societies in each county with a General or State Society, the latter being composed of delegates to meet annually at Albany. By this law all practitioners were required to enrol themselves as members of their respective County Societies, and hence arose in process of

time, as you may readily imagine, a heterogeneous mass of regulars and quacks of every variety. To organize such a body in a medical community as extensive as our own, required much time and discussion, and under the baneful influence of a plethora of speech the more useful design of Scientific improvement was lost sight of, and the Society became atrophied, until now it exists but as an empty organization. With so glaring an example before our eyes, I trust the Academy will see the futility of unprofitable discussions, and strive after a more enduring reputation than its predecessor.

Quackery.

An essay on empirical remedies, read before the Medical Society of the State of Georgia, by Dr. Robert Campbell, has been published. The following extracts are worthy of attention:

It may not be considered inapposite first, to notice a few of the artful devices which characterize the policy of the "nostrum trade." The rationale of this system of quackery, and of its prosecution upon so extended a scale, appears very simple. In every pursuit of life, whether high or low, where indolence and avarice incite the mind to conjure up some royal road to fortune, it requires but little penetration and reasoning for the adventurer to perceive, that in the extensive sphere of popular dupeability, he is presented with an inviting theatre for profitable speculation. The success of predecessor nostrum dealers tempts him to embark in a traffic whose capital is but the outlay of truth and honor; whose perquisite is easy gain. Hence, to determine upon some medium in which to embody and disseminate the nefarious project, is the purpose, it matters little whether it be a virulent poison, (if not too rapid a one,) or a harmless confectionary, some convenient or palatable nostrum is produced either originally, or from a stolen formula vamped into a more acceptable form. Next, it is necessary to attract popular attention to the adjusted bait—and some most startling phrase, wrought out of flaming words, is appended to it for a name; and upon the merits of this name depends, in great measure, the future prospect for success. "DEAD SHOT" and "PAIN KILLER" are terms of irresistible import to the popular comprehension. And such phrases are in so great demand, that the language has been completely drained of all the heroic terms which might be pressed into this illegitimate and unhallowed service; so much so that the more recent conscriptions are but far-fetched and insignificant expressions, which fall with forced but feeble enunciation on the public ear. Such is the latest style, embracing an action of empiricism against pain. The "*Pain Stopper*," we apprehend, has fallen still-born into light, for want of a nomenclatural vitality. And here, we may inquire if the discovery, by our science, of her several anæsthetic agents, might not have aroused the spirit of emulation in her evil genius, which has prompted her to summon up to her

aid the "*Pain Killer*," "*Pain Extractor*," "*Pain Eradicator*," "*Pain Stopper*," etc. etc.—in her recent foray upon this important quarter?

The system of publication, which constitutes so indispensable an auxiliary in the economy of this species of commerce, is no less imposing in its artful design and elaborate and comprehensive inditement, than is the scheme of its nomenclature. Every one is made familiar, through the columns of every newspaper, with the strenuous puffing—the irresistible stress of gas, so offensive to reason, with which these unscrupulous mountebanks are accustomed to inflate the astounding attributes of their noxious panaceas. In addition to the prostitution of the columns of almost every daily and weekly gazette throughout the country, by the introduction of paragraphs fraught with subtle chicanery and enormous mendacity, society in every condition is besieged by the audacious obtrusion of their lying placards, handbills, circulars, and every variety of advertisement, artfully adapted to the comprehension of every class; or shrouded in a maze of unintelligible jargon of misapplied or misquoted medical technicalities, which never fail to secure, through the magic power of mystery, the faith and advocacy of their illiterate and superstitious victims. For example, "*Bristol's Sarsaparilla Circular*" presents the report of a very formidable case of "*SEPTUM NOSI*," miraculously cured by this infallible drug.

Another mode of quack advertisement worthy of notice, as an instance of high attainment in accomplished artifice and crafty ingenuity, is the construction of the "*Family Almanac*," which is a compilation of nostrum advertisements, almanac intelligence, and reports of wonderful cures—interspersed with glaring wood-cut caricatures of the hideous lineaments of dire disease, so skillfully intermingled as unavoidably to arrest the attention and curiosity of every reader.

Finally, the operation of controlling and vitiating the public mind by the sophistry and falsehood of charlatantry, represents the principal exercise of this pernicious business. And when success will warrant, it is dealt in to almost an incredible amount of expenditure. It is estimated that the notorious Morrison appropriated, between the years of 1830 and 1844, the enormous sum of \$540,000 to the advertisement of his nostrum.

The evil influence exerted upon society by such a perversion of the controlling energies of the public press, is necessarily deeply felt, wherever such an abuse is tolerated. It appears to have been appreciated by the French government, when in 1846 an ordinance was issued in Paris and every city throughout the kingdom, "that no bills or placards announcing the treatment of any disease by particular individuals, or the sale of any particular medicines, should be posted on the walls, or otherwise exposed to public view; and further, that none of the public newspapers should insert any such announcements in their advertisements or otherwise,"

How wise and efficient a measure was this, for the protection of the commonwealth!

All the manœuvring diplomacy of the nostrum vender, in concerting his pretenses favorably for public acceptance, however plausible and inviting, would often be regarded with much suspicion and discredit, especially by the more discerning, were they not substantiated by the endorsement of some more accredited authority. Hence it is a great desideratum with him to procure, by some means or other, testimonials of high sounding name and respectability, to furnish a semblance of truth and dignity to his unwarrantable representations. These are often to be regarded as complete of the one consistent scheme of fraud—the product of an extension of the same ingenuity and falsity pervading the whole procedure: having in many instances, forged to them names of the most indubitable integrity of professional honor; or names which, perhaps, have long since existed only in the office of a pure and irreproachable memory. But alas! they too often may triumph in the sanction of a genuine, a living authenticity.

Having determined what are the agencies which lead their influence to the furtherance of so deplorable an evil, this brings us to consider who are the abettors of this pernicious vice. It appears from no inconsiderable inquiry, that this serious charge, strange to say, is most unanimously preferred against those whose positions in the community would entitle them to be styled the governing intelligences of the popular mind, as they are those whose intellectual pursuits in life should command for them the deference due to an enlightened discrimination. Thus, the Clerical, the Editorial and the Medical professions are principally condemned, as being *participes criminis*, in this unworthy enterprise.

The Clergy are proverbially the supporters of quackery, and appear to evince a particular approbation of secret or "patent cures," in preference to medical aid derived from a more legitimate source, should we judge from the frequency with which reverend names are to be found appended to laudatory certificates in their favor. But this *prima facie* evidence, we are persuaded, leads to too harsh a decision in this case. For when we consider the moral capacity of the empiric, to compass any means necessary for the attainment of his ends, and the desirable character of such testimony from the confidence generally imposed in the members of this profession, for integrity and intelligence, we are prepared to make a liberal allowance in their behalf. But, we would not excuse those of this order, who from weakness, ignorance or conceit—in a craven spirit of complacency, or through a blind obsequiousness to the claims of designing flattery, do thus compromise the dignity of their high calling and prove recumbent to the cause of truth and the interests of humanity. These, though they need our pity, demand our reprobation.

It is everywhere complained, "that the public press, the mind-governing power of the masses, venal and

prostitute, is the mercenary of charlatan impostors, aiding them to prey on society, to corrupt morals and to disseminate falsehood.* This, in effect, appears to be sadly true! But why is it so! The press, the passive medium of communication, subservient to the wishes, the interest, the welfare of society, opens its impartial columns and wide extended circulation, for promulgating information purporting to contribute to the benefit of mankind. What, if the charlatan should there obtrude his claims—extol the efficacy, the advantages of his medication, giving it currency under a counterfeit exposition of the laws of health and disease, which he artfully drafts in accordance with the uneducated appreciation of the non-medical mind! Can we look to the editor, in this case, to decide upon the injurious qualities of the drug—so well testimonialized as it generally is; or to determine the heterodoxy of the principles set forth? Can we expect him to appreciate the intimate relationships of remedial means to the intricate derangements in the economy of the human organism? Physicians, the proper judicaries, have not essayed to gain-say them, and our silence is interrupted by the editor—as by the people, as an evidence of admission, if not approbation, of the merit and truth of the system. He himself is duped and errs unwittingly. It is true, that he is paid for such advertisements—so is he well paid for advertising generally. But his columns are alike open to the advocacy of true medical science, and the exposure of the fraud and subversion of the influence of quackery; and it but remains for us to employ them.

It is generally urged, and with a humiliating degree of justice, that in the laxity and corruptness of the ethical condition of our own profession, there obtains a dominant influence for countenancing and promoting the production and employment of quack and patented remedies. And here, we are constrained to acknowledge, that, whether from dereliction of duty, in neglecting the employment of efforts necessary for combatting the evil; or from an actual instrumentality in its cause, the burthen of the offence weighs decidedly within the pale of the medical profession. We are prone to regard quackery, in its wide-spread and rapidly increasing operation, with a bearing of complaisant regret and supine resignation, as a necessary and inevitable event. And thus, by an easy gradation, some attain to a lenient forbearance and finally, acquiescence in its polluting embrace. We daily allow instances of its pernicious and oftentimes murderous enactments to pass unchallenged and unimproved, for its exposure and conviction. Such is an instance of neglect of the measures which might be wielded in its opposition, and which, in itself may be considered reprehensible in us, as the proper guardians of the hygienic interests of the community. But the offence of delinquency may be regarded as of inconsiderable moment, when compared with the more glaring evidences of disregard and infraction of the very funda-

mental and necessary requisitions, implied in the terms of our professional morality, and of which, so many, who claim legitimacy in the Hippocratic lineage, are to be found guilty. For there are many among us, who testimonialize for quacks, or who are engaged in the sale of their nostrums, or who, without ascertaining their composition, prescribe them in their practice; and there are still some, who are so fallen and degenerate, as to have alienated themselves from the profession, and forfeited their claims to its respectability and privileges, by enlisting in the *legion of quackery*, with a shameless avowal of their authorship or proprietorship of some secret or patent drug. These are certainly, potent influences derived from the medical profession, which in its members are more inexcusable, inasmuch as it is not in every case, that they can honestly plead ignorance, as an amelioration of their crime.

The aid contributed by the Apothecary, in the exposure and sale of nostrums, likewise furnishes a considerable influence towards the success of this business. And some, not satisfied with the fair profits of so lucrative an agency, must play a more active and extensive part in the speculation. Many a physician's valuable formula is made subservient to this perverted purpose, being set off with *ad captandum* name, and adorned with every quack embellishment of which a drug is susceptible, with specific directions for use, and confident recommendations, as the cure of all incurable diseases.

This is, at least, a compromise of the reciprocating relationship they sustain to our profession, to say nothing of the arrant presumption and intrinsic immorality of the proceeding.

Lastly, the very foundation of all empirical systems, and more especially of quackery in this form, and its greatest sustaining influence may be referred to the construction and operation of the administrative regulations of our country, in their bearing upon this point. Here, indeed, is a strong hold—the grand constitutional basis on which it is founded; from which it has derived its origin and derives its existence, and upon which it depends for protection and encouragement. The existence and exercise of the *patent law* in its application to remedial agents, guarantees the legality and constitutionality of the system. Besides encouraging the production, by protecting the right of manufacturing and vending these compounds, the exercise of this law does much, in prejudicing the popular mind in their favor—as a patent is received as an assurance of the superior, tested qualities of the drug.

The difficulty of concerting any plan of prosecution, which would promise success, in remedying this important evil—so extensively prevalent and securely established as it is in our country—must be apparent to every one. It would seem, that the adoption of measures, which would meet it in all the conditions of its existence, (if it were possible to devise them,) and which would operate gradually, but certainly for the removal

* Prof. S. Jackson—Medical Reform.

of the causes on which it depends, would furnish the only hope of a successful encounter.

It is evident, that the principal elements of its existence consist in 1st, The general ignorance pervading the public, on all medical subjects; and 2nd, The imperfect and indiscreet arrangement of the legislative regulations of this country, concerning subjects of medical interest.

Any arrangement to operate successfully, must first secure great concert of energetic action in the profession, and the engagement of its most influential authorities.

The PLAN which we would respectfully suggest for your consideration, and which, in our humble opinion, appears to meet the two most prominent indications presented, is—

1st. The establishment of an efficient Standing Committee in this Body, whose duty it shall be, with the assistance of the general Society, to collect and publish, as far as practicable, through the popular channels of intelligence, all the instances of the pernicious effects, resulting from the employment of empirical remedies, which may come under the observation of the Society—for the advisement of the people.

And, 2nd. Let it be the duty of said Committee to present a Report of the facts, thus collected, at the annual meetings of the American Medical Association; soliciting their recommendation of such a plan to the several State Medical Societies and Associations of the Union—for the purpose of accumulating evidence sufficient for the arraignment of this injurious system, as a national grievance. And also, for this Committee to solicit the interference of the National Association, as the highest Medical intelligence, in memorializing the National Congress, as the highest legislative authority of our country, for the abolition of that portion of the "Patent-law," referring to secret remedies, and petitioning the suppression and prevention of such medicines, by whatever additional measures, which that authority may deem proper to adopt—the evidence of the joint Report of the several State Committees, being adduced as the reasonable apology for such an application.

Gleanings

From the American Journal of Medical Sciences for July 1852.

Dr. Porter, Surgeon U. S. army, publishes his notes of campaigns in the war with Mexico. He very forcibly argues in favor of the circular mode of amputation, offers objections to the flap operation, and opposes the use of anæsthetics in gun shot wounds.

Dr. Clarke, of Boston, has a paper on Aural Surgery, with 140 cases.

Dr. Eve, of Augusta, Geo. reports 25 cases of urinary calculus, in which the bi-lateral operation was performed in 23.

Dr. Blake, of Sacramento city, writes on the climate and diseases of California.

Dr. Frick, of Baltimore, has a valuable paper on Saccharine Diabetes. The average quantity of sugar

daily was 7741 grains, contained in 253 ounces of urine, which was the average for 15 days in one of the cases reported. In another 150 ounces of urine passed in 24 hours, contained nearly 11 ounces of sugar. Dr. F. has rendered great service in this paper to the theoretical and practical questions relating to this obscure malady.

Dr. Morland furnishes highly interesting extracts from the records of the Boston Society, for medical improvement.

Dr. Bigelow, of Boston, has a sensible paper adverse to the morbid notions of the danger of water passing through lead pipes, which he shows to be erroneous.

Dr. Lattimore, of New-York, has a paper on the use of common salt as a substitute for quinine in intermittents.

Dr. Troy, of N. C. presents new views concerning tubercular deposits.

Dr. Kneeland, of Boston, has a paper on Phosphates of lime on Phthisis; and Dr. Mitchell, on uric acid, both of which are critical and meritorious.

Dr. A. K. Gardner, of New-York, reports cases of Operative Midwifery, in which department he gives promise to excel.

Dr. Brainard, of Chicago, reports a case of resection of the superior maxillary and malar bones.

The foregoing summary shows thirteen original articles of merit in this single number of this excellent quarterly, which, under the editorial conduct of Dr. Hays, is alike creditable to the profession and the country.

Passing over the departments of Reviews and Bibliographical notices, we come to the quarterly summary of improvements and discoveries, including foreign and American intelligence. This number equals any of its predecessors.

Dr. Clarke's Address before the Suffolk District Medical Society.

This address ably argues the superiority of sanitary measures over quarantines. We are glad to see medical men taking hold of this question; it is time that this worse than useless system [of quarantine] was abolished. It is a barbarism. The address is most beautifully printed. The following extract on SHIP FEVER will be read with interest by those who have indulged useless fears in regard to it.

"The Typhus of Great Britain, or Ship Fever, is a disease comparatively new to this country; but it is one to which much attention has been attracted, since the floods of emigration from the old world have deposited it—a most noxious detritus—upon our shores.

"As a disease which has, from the nature of its origin, and the character of its subjects, compelled for itself some special legislation, it is deserving of particular notice. Having the property, as I am confident of reproducing itself, under certain circumstances, the

principles of which are, want of ventilation and overcrowding—whether on shipboard, at emigrant station houses, in hospitals, or elsewhere—unless these conditions are present, and the poison of the disease has become accumulated, it does not thus reproduce itself. That is to say, it is usually only contagious when the presence of concurring circumstances makes it so. Highly amenable to sanitary measures, and rendered comparatively harmless by them, it becomes most malignant and contagious by their neglect. Under these circumstances, and for the purposes *only* of a convenient enforcement of other sanitary measures, such as purification of emigrant vessels, or the cleansing and dispersion of the sick, the maintenance of quarantine establishments may be considered as of the highest importance. But this remark may be applied also with equal propriety to the other zymotic diseases, which are confessedly non-contagious.

“Carried beyond this point, quarantines are not only useless, but injurious, because their rigid enforcement renders impossible the employment of any mitigating agencies—embarrasses commerce—subjects travellers to all kinds of annoyances and dangers—in fine aggravates, in a material degree, all the evils they are intended to alleviate or avert.”

Zion's Herald.

On the Blood and its Changes.

BY RODOLF HAAS, M. D.

Late Physician in the Hungarian army, and formerly Professor in Vienna.

No. 2. [Continued from page 196.]

It follows that the *large red particles contribute, by distending the small capillaries, a great deal to nutrition.*

Although that theory, by which the red particles are degraded to a mechanical action, will not seem palatable to a great many theorists, who give only their approbation to transcendent hypothesis, I hope nevertheless that that theory will meet the consideration of the practical student of nature. For that theory is grounded upon two facts: 1. That for effecting nutrition, a certain degree of distention of the capillaries is required, that albumen and fibrin, the principal nutritive matters could pass. 2. That the red particles distend the small capillaries; and acknowledging the truth of these facts, is acknowledging my theory. It might be that the red particles have still other functions besides that of extending the capillaries, to perform too. But if we consider that nutrition is only effected by the blood which passes through the pores of the capillaries into the parenchyma; that the blood, as long as it is in the vessels, can contribute nothing to nutrition, that in spite of a large quantity of blood being in the vessels, the animal must starve, if no fibrin and albumen pass through their coats; that the red particles are the very organs by which the nutritive matter is caused to come in contact with the tissues; that the red particles, distending the vessels put out of the way the obstacle, which prevents the nutritive matters from joining their re-

spective tissues, for being organized and assimilated to them, then the necessity and the importance of red particles will be comprehended and acknowledged. The heart and the vessels possess a large room in the animal body, and they have no other function than to carry nutritive matters to the tissues, and why could not the red particles be for the same purpose?

The small red particles, which are too small to extend large capillaries, can be for a double purpose, either they extend the smaller capillaries, so are capillaries of $\frac{1}{3000}$ diameter sufficiently extended by particles of $\frac{1}{3000}$ diameter; or it can be the case that the large red particles are formed from the smaller ones, and it is very probable that the large particles do not attain their right size at once, but that they are evolving by degrees from the smaller ones.

Our theory of the function of the red particles can be sustained by the following arguments:

The red particles in different classes of animals are of a different size. The frogs have got particles twice as large as those of fowls, which possess twice as large ones as mammalia are endowed with. It has been noticed that in all classes of animals which have been the object of microscopical observations, there are a large quantity of red particles of a larger diameter than a great many capillaries are in the same animals, and that such particles pass only with difficulty through the capillaries, and that they are often stopped in the mouth, or in the cavity of capillaries.—[Valentin, Physiolog. Vol. I. sec. 1068.] Weber observing the stoppage of red particles, asserts “the frequency of the occurrence of that phenomenon shows that it cannot be without importance to nutrition of tissues.” Is it not very strange that nature has made that singular arrangement of the size of the red particles? Why is it necessary for the amphybia to get twice as large particles as the fowls, and these twice as large ones as the mammalia? What is the cause that necked amphybia need twice as large red particles as the other amphybia? If the red particles have got no other function than to carry gas, why should mammalia—who need more oxygen to sustain life—suffer no harm by small particles which would not be convenient to the organism of amphybia?

But according to our theory that the function of the red particles is to extend the small capillaries, and open the way for the passage of nutritive matters, we can give an explanation to that arrangement of red particles, which, at the first aspect, seems to be very singular. It is a matter of course, that if the red particles are meant for the purpose of distending the vessels, that with the growth of the vessels in the animals, the red particles must also grow; because, if the vessels grow, and the red particles remain small, the latter would not be able to extend the former. But we shall show that it depends on the circumstances, where animals live, what size of capillaries they must have to sustain life. For, it being the purpose of the vessels to carry nutritive matters to the tissues for their nutrition, which is

only effected by those parts of the blood which pass through the pores of the capillaries into the parenchyma, so that if no nutritive matters can pass through the pores, the animal must die in spite of the blood being accumulated in the vessels; it follows that the contractability of the capillaries must change according to the circumstances the animal is destined to live in. The more an animal is exposed to such influences which cause the contraction of the capillaries, the more the latter must have strength to resist the contracting impression. Cold is one of those influences which causes the contraction of the vessels; those animals, therefore, who are more exposed to cold, need stronger vessels for being able to resist it. Experiments of Valentin and other physiologists, show that the smaller the vessels, the sooner and the more they are contracted by the influence of cold. The artery of a turtle contracts, by the application of cold water, in five minutes, to the one third part of his former diameter; but the capillaries contract in a shorter time to a much smaller diameter. —[Valentin, *Physiol.* Vol. I. sec. 1086.] It follows that the more an animal is exposed to cold the larger its capillaries must be, that exudation of nutritive matters through the coats into the parenchyma should not be prevented and nutrition interrupted. How often and to what a degree nutrition and evolution are prevented by the influence of cold on the vessels, is extensively exemplified in the treatise on the mechanism of textural nutrition, *London Journal of Medicine*—July, 1850, pg. 642—by myself. That amphibia are more exposed to cold than mammalia and fowls is very well known,—their body being cold shows that they cannot produce such a quantity of heat as it is required to keep the balance to the cold of the atmosphere. The cause of their not being able to produce such a quantity of heat, like mammalia and fowls, is to be found in their destination to be in order of animals lower than fowls and mammalia, and as the principal characteristics of animals are movement and sensibility, animals of a lower order cannot possess but a low degree of movement and sensibility. But heat is always produced by movement, and the less an animal moves the less heat is produced; that is an observation of all physiologists, without exception. The explanation of that is given by Liebig. On another occasion, that as I hope I shall publish a treatise on respiration, I shall show the principle upon which that is based. It is a matter of course, that amphibia without integuments are more exposed to cold than amphibia with integuments, who, by their integuments, are partly sheltered against cold.

Fowls, though moving a great deal, are nevertheless more exposed to the cold air than mammalia; for they have got a small body, and in proportion a much larger plain is in contact with the surrounding air than in mammalia. For that reason nature covered the body of fowls with plumes.

The small mammalia, although they have also a large plain in contact with the atmosphere, are never-

theless not exposed so much as the fowls—for the small mammalia are hidden in holes, and when they leave for a moment their holes, they are compelled to run.

It follows that amphibia being destined by nature to a low degree of animal beings, have got the faculty of acting but in a small measure, produce consequently a small quantity of heat, and are for that reason very soon subdued by the cold atmosphere. If they had got small capillaries like mammalia and fowls have got, these vessels would be very soon contracted by the cold, and no nutritive matters could then pass into the parenchyma, and nutrition would then be interrupted. For that reason nature furnished them with larger vessels, which have got more power to resist the cold, and for extending larger vessels they must have larger red particles, too. The size of the parts of their body is correspondent to the place they occupy in the series of animal beings.

Amphibia without integuments are provided with larger capillaries, to re-compensate the deficiency of integuments.

Fowls must be possessed of larger vessels than mammalia, to make up for the larger plain of their body being exposed to the air.

2. That the red particles contribute to nutrition and evolution, is also proved from the fact that I mentioned above, that robust and athletic individuals show always an increased quantity of red particles; but in weak and delicate individuals a deficiency of red particles is to be observed. Henle says, in his *Rational Patholog.* volume 2. pg. 86, "If the red particles of the blood have no other function than to carry gas, we cannot comprehend in what way those particles contribute to the evolution of muscles, that without the presence of a large quantity of them, the muscles are thin and weak." But, if the red particles are organs for extending the vessels and opening thus the pores of them for the passage of nutritive matters, it is easily comprehended that in a deficiency of those particles, nutrition and evolution cannot be sufficiently carried on. For the less the quantity of red particles the less often the capillaries are extended, the less proteine substances pass into the parenchyma of the textures, and thus this nutrition and evolution is interrupted by deficiency of nutritive matters in the parenchyma. That is particularly the case with fibrin, which is the less dissolved among those substances of the blood, which penetrate through the pores into the parenchyma for serving to nutrition. The muscles remain for that reason thin, and thin muscles are always weak and powerless, as it has been proved by experiments of Valentin and other physiologists.

But if the red particles exist in the blood upon a larger scale, the capillaries are oftener extended, a larger quantity of albumen and fibrin pass through the coats of the capillaries into the parenchyma, and the experiments of Swan teach, animal textures are always able to grow larger, when they have got sufficient matters to effect it.

We see the same system is followed by nature in all other occasions. In the same class of animals the younger ones have got a larger quantity of red particles than the adult ones, as the latter are already evolved, and do not need that such a quantity of nutritive matter should transude, like in younger animals; which ought not to be the case if red particles be meant for respirations, as I mentioned above.

3. Those classes of animals who are more active, have got a larger quantity of red particles. For by activity a part of the active organs is injured, which must be replaced from the blood, and for that purpose albumen and fibrin must transude; and consequently the more active an animal the more albumen and fibrin is necessary to restoration, and the more must transude, which could not be effected if red particles would not exist in the same proportion; fowls and mammalia have got heretofore much more red particles than amphibia.

4. The construction of the red particles is such one, as to be best fit to extend the capillaries. They are formed of a shell an elastic membrane, in which a fluid is enclosed; but a globe which is made upon such a principle is most fit to distend an elastic tube, through which it is pushed. Such a globe being pressed behind, must give way to the pressing force, and must become shorter and broader, and the more its breadth increases the more the tube through which it has to pass must be extended. But a solid globe, even if elastic, do not give way in such a measure, and is heretofore less suitable to the purpose of extending a tube. The principle that nature has chosen, in constructing the red particles, manifests the aim they are made for.

The shells of the red particles contain a great deal of iron, which is scarcely found in other tissues. What is the cause that nature found it necessary to make an exception of its general rule? That the iron be necessary in the shell for facilitating the exchange of gas (Liebig) is an erroneous consequence of a false theory of attributing to the red particles exclusively, the function of attracting and repulsing gas; but having been proved that *respiration* is nothing else than a *diffusion of gas*, and that any other fluid could replace the blood in regard to the changing of gas, it follows as a consequence that the iron is not at all necessary to respiration.

But according to our theory the red particles, as organs for producing a mechanical action, need to be surrounded with a firm envelope to subdue the contractive power of the capillaries. Without such a firmness they could not answer to the purpose they are meant for; they could not resist to the pressure of the walls of the capillaries which they are pressed through. For that purpose nature had to furnish the red particles with some metal, and as there is no other metal which would not be disadvantageous to animal body than iron, that have been chosen.

The firmness of the surface of the red particles can be seen in experiments, that they do not change their

form neither if beaten with sticks or dipped in serum for 24 hours. Such a constancy and firmness is rather convenient to bodies destined to a mechanical action.

5. Prevost and Dumas have proved by experiments that the property of revivifying of the blood is to be attributed to the red particles alone; that serum without red particles had no effect, but the blood, even after having lost all its fibrin is able to revive an animal. They made injections of serum into the vessels of animals, who have been previously bled to asphyxia, without having obtained any symptom of reviving of the animals; but they succeeded perfectly by injections of pure blood, or blood without fibrin. Bishoff and Dieffenbach had the same results. (Dieffenbach Die transfusion des Blutes, Berlin, 1828.)

Those experiments are to be explained as follows. We have first to inquire in the immediate cause that animals fall in asphyxia after the loss of a large quantity of blood. The animals fall in asphyxia before they lost their whole blood, which is proved by the fact that even in animals bled to death, a considerable quantity of blood is to be found; but the asphyxia begins as soon as the blood has been diminished in a degree that the vessels contract in such a measure that no blood can pass through their coats into the parenchyma for affording nutrition, and therefore the organs, not being restored, are unable to act, which state, if extended over all organs is called asphyxia. For that reason the injection of serum has been without effect; for as long as a sufficient quantity of red particles did not exist in the vessels, the pores have not been opened in such a degree as required, that a sufficient quantity of nutritive matters could pass. The injected serum replaced the quantity of serum, but not the quantity of red particles. The blood run from the arteries through the capillaries into the veins, without nutritive matters could pass through the coats of the capillaries into the parenchyma, and for that reason no revivification has been effected.

But the injection of blood did answer the purpose, as the red particles distending the vessels opened the way for the penetration of nutritive matters into the parenchyma, the tissues got nourished, and begin to act again.

The injection of blood without fibrin had the same effect. For the blood being restored in regard to its quantity filled the vessels, and the red particles also being replaced distended them, and gave passage to the albumen and fibrin, the latter from the blood which remained in the vessels. It follows that in those experiments the revivification has not been produced by the red particles immediate influence, but by their mediating between tissues and albumen and fibrin, by causing their immediate contact.

After having established the function of red particles, we shall find no difficulty to explain their consumption. Being certain the red particles extend the small capillaries when passing through, it is also certain

that a reaction is effected upon them by the capillaries, that consists in a certain amount of friction which is exercised by the walls of the capillaries upon the shell of the red particles, and it is beyond doubt that such a friction must by degrees injure the shell, and render the particles unfit to continue their function of distending the capillaries.

Red particles are consequently consumed like other organs, viz. by their activity. The muscle, as stated by experiments of Valentin, a. o. got soft by contractions, so it is with red particles too.

The difference between the consummation of red particles and that of albumen and fibrin is, that the latter substances are applied to new textures, but not the red particles, which are themselves already textures.

Fat is expended in different ways.

1. It is deposited in the cellular tissue.
2. It is transformed into the fat of the brain.
3. It is transformed into bile. That is proved that there is no other substance in the blood that bile could be formed from, being an unazotised substance.

4. A large quantity of fat is also burnt by oxygen. That is proved as follows: We expire in 24 hours 24 ounces of carbonic acid: 16 through the lungs, and 8 through the skin. In 24 ounces carbonic acid 8 ounces of carbonium are contained. As there are in 100 parts of proteine only 54 of carbonium, consequently for obtaining 8 ounces carbonium nearly 15 ounces of proteine must be decomposed, but that is not the case; for there are in 100 parts of proteine 16 of nitrogen, nearly one-sixth of the total quantity of the proteine. It follows that if 15 ounces of proteine would be decomposed in a space of 24 hours, 2½ ounces of nitrogen must be obtained in that decomposition; but the whole nitrogen which is obtained by the decomposition of proteine substances, is removed by urea and uric acid, we remove in 24 hours not more than four-fifth ounce of urea. In 100 parts of urea there are 46 of nitrogen less than the half of the quantity of the urea; consequently not more than half an ounce of nitrogen is removed from the body in 24 hours. The nitrogen of the uric acid is scarcely worth to be taken in consideration. It follows from the quantity of urea that not more than 3 ounces of proteine substances are in general decomposed through 24 hours, which supplies not more than ⅔ ounce of carbonium. It is the consequence that 6⅔ ounces of carbonium is supplied from the combustion of unazotised substances, and as there is but very little sugar in the chylus, it follows that a large quantity of fat is daily decomposed.

The water of the blood is necessary to fill up the vessels and to keep the nutritive matters in a solution, to make them fit to pass the pores of the vessels. It is expended in all secretions and excretions; a large quantity of water is also lost by evaporation.

The chloride of sodium is necessary for the red

particles which are very soon injured in clear water; it is expended in all secretions and excretions.

The phosphates are expended in the nutrition and evolution of bones and cartilages; they are also removed by urine and sweat.

From the above laid down principles the following statements are the corollaries:

1. The albumen of the blood is already formed in the intestines, and enters therefore the lymphatic and blood-vessels ready made: according to the principle, that albumen is formed immediately of food.

2. That albumen is expended in and out of the vessels. It is applied in the vessels to the formation of fibrin and red particles, and out of the vessels, after having exuded through their coats into the parenchyma, to the formation of different tissues.

3. Fibrin is formed in the blood and lymphatic vessels; that follows from the statement, that fibrin is formed by degrees of albumen, and that no fibrin is to be found in the chym of the intestines.

4. Fibrin is only expended out of the vessels, that is, after having transuded. It has been proved that fibrin is neither transformed into red particles, nor decomposed by oxygen.

5. Red particles are formed in the vessels. For they cannot enter in their shapes through the pores into the vessels.

6. Red particles are expended in the vessels. They are spoiled by the friction, which is exercised upon them by the walls of the small capillaries.

7. Water enters the vessels ready made. It comes from the solid and liquid foods and fluids. The water which is produced by decomposition is too small in quantity as to be taken in consideration.

8. Water is expended out of the vessels, after having exuded, in all secretions and excretions. But it is also expended in the vessels by evaporation.

9. Chlorid of sodium enters ready made the vessels from the solid and liquid food, and is expended out of the vessels in all secretions and excretions.

10. Fat is brought into the blood ready made, either from the food, or from the cellular tissue. It is expended in and out of the vessels, in the vessels it is decomposed by oxygen, and out of the vessels after having transuded, it is partly converted into the fat of the nervous system, and partly deposited in the cellular tissue. It follows as a consequence:

1. That albumen depends on food; if no food is taken, no albumen is formed.*

2. The expenditure of albumen is not prevented entirely even if its transudation through the coats of the vessels be prevented, being inservient in the vessels to the formation of fibrin and red particles.

3. Even if no food is taken, fibrin can be formed

* That is only in the normal circumstances. But, there are agents, by which the fibrin of the blood is transformed into albumen, as it is found in those who are killed by lightning.

in its normal quantity of the albumen which exists in the vessels.

4. *That fibrin* being only for the purpose of the formation of tissues, is only expended after having transuded through the coats of the capillaries into the parenchyma. But without transudation no expenditure of fibrin takes place.

5. *The formation of red particles*, being effected of albumen and iron existing in the vessels, is to a certain degree independent of food; even if no food is taken red particles can be formed as long as albumen and iron exist in the vessels.

6. *Red particles*, being consumed by friction with the walls of the capillaries, are expended the more, the greater the resistance of those walls is, and the oftener the red particles are pressed through the small capillaries.

7. *Water* being principally carried into the blood from the food and potion which are taken, depends on the food and potion; if no food neither fluids are taken, very little water can be supplied; for the water which is produced by combustion of organic matters, is in general too small as to be taken in consideration.

8. *The expenditure of water* is not dependent on its exudation alone; as a large quantity is also transformed in vapours.

9. *Chloride of sodium* being also carried into the vessels from the food, depends on that, if no food is taken, no chloride of sodium is supplied.

10. The expenditure of chloride of sodium depends on its transudation; if none transuded, none can be expended.

11. *The fatty matters* of the blood depend not entirely on the food, as they are also carried into the blood from the cellular tissue.

12. *The expenditure of fatty matters* do not depend on exudation alone, being consumed in the vessels too, by oxygen.

We see in the above that the supplies and the expenditure of the parts, the blood is composed of, are not dependent on the same circumstances. The supplies of water albumen and chloride of sodium depend entirely on food, which is not the case with fatty matters; and entirely independent of food are fibrin and red particles, which differ also in regard to the materials, required to their formation; fibrin needs only the presence of albumen in the blood, which during life is never wanted; but red particles require also the presence of iron, which is often very much diminished.

The expenditure of fibrin and chloride of sodium depend on their exudation, if none transuded none can be expended; but the expenditure of albumen, fat and water is not entirely dependent on their transudation; being partly depended in the vessels: even if none transuded, their expenditure is not interrupted, only diminished.

The expenditure of red particles is entirely independent of transudation, but it depends on the activity of

the agents of circulation, and on the resistance of the walls of the capillaries.

If the supplies of one or more parts of the blood exceed their expenses, and the supplies of the other parts are equal to their expenses, the proportion of the former must increase; and on the contrary, it follows,

1. *That if no food is taken*, while all other circumstances are normal, the general quantity of albumen, water and chloride of sodium decrease, but not the general quantity of fibrin and red particles, as being independent of food. In such circumstances the proportion of fibrin and red particles must increase.

2. *If the exudation of blood is prevented*, while food and water are taken in normal quantity, and all other circumstances are normal, the quantity of fibrin, chloride of sodium, albumen and water must increase, as these substances are supplied and not carried off; fibrin and chloride of sodium increase more than albumen and water, which are partly expended in the vessels; but the quantity of red particles do not gain anything by the interruption of exudations, as they are always expended in the vessels. If consequently food and water are taken in normal quantity and exudation is interrupted, the proportion of fibrin and chloride of sodium must increase over that of albumen and water, which increases too over that of red particles.

3. *If no food nor water is taken, while the exudation is prevented*, those substances increase most, which are independent of food, and only expended after having exuded, which is the case with the only fibrin; chloride of sodium though not being expended does not increase, as it is not supplied, albumen must decrease, being expended some in the vessels, and not supplied, water decreases more, as a large quantity of it is expended in the vessels by evaporation, and nothing is supplied; the red particles, whose supplies are independent of food, and whose expenditure is independent of transudation remain in their normal quantity.

4. *But if either the circulation of blood is carried on with more activity*, or the resistance of the vessels is increased, while all other circumstances are in normal state, the quantity of red particles must decrease; and on the opposite, if the circulation is carried on with less energy, or the resistance of the capillaries is diminished, while all other circumstances are normal, the quantity of red particles must increase.

(To be continued.)

Extract from Dr. A. L. Kennedy's Letter on Practical Chemistry.

PHILADELPHIA SCHOOL OF CHEMISTRY.

The plan you have pursued at this school differs from that of either of the institutions above mentioned. The laboratory, being arranged with tables after the manner of a dissecting room; with a table opposite to each window, the *piers* containing the tests, reagents, and smaller vessels of glass, allotted to each table respectively. Here the course of instruction lasts two months,

thrice a week, and is given in the evening. Four distinct classes may therefore pursue the study during the winter session of the colleges. You have considered the non-metallic elements, and all the organic and inorganic acids and bases interesting to the physician—a prominence having been given to the study of poisons and of the falsification of medicines. The instruction of the evening being commenced with a lecture of an hour, in which the experiments are performed by the lecturer in the immediate presence of the class; at the close of the lecture each section of five repairs to its appropriate table, where with apparatus at hand, each of the members repeats, and varies at pleasure, the experiments he has just witnessed. From three-fourths of an hour to an hour and a-half have usually been spent in this exercise, the lecturer being referred to if a difficulty present, and the students retiring when they become satisfied of their proficiency. In this medical qualitative analysis, your progress has been tested once or twice a week by means of unlabelled bottles, containing the substances which have been considered during the preceding lectures, and which you have determined by the use of reagents already known. The number of these unlabelled bottles, accumulating each week at length reaches to fifty or more, which you have been enabled readily to discover and name by the knowledge of testing you have acquired.

A comparison instituted between the methods pursued at Edinburgh and at Philadelphia, shows that while at the former, three months are devoted to the study, at the latter two months are so employed; but as the duration of each lesson at the latter is double that at the former, the entire time spent at Edinburgh is to the entire period at Philadelphia as 3 is to 4. Now if, as would appear from the nature of the courses, the number of subjects considered at the latter is twice that of the former, the advantage is decidedly with the American institution.

The advantages of Laboratory instruction to the medical student are in Europe practically recognized, and are made a requisite to graduation, and the time has unquestionably arrived when a working laboratory should be found by the side of the dissecting rooms, connected with every medical college.

It is gratifying to know that the reform has already commenced, and that in the comparatively brief period which has elapsed since the organization of this school, a medical college in a sister city,* awake to the vital importance of the measure, has added a working laboratory for practitioners and students, to the former means of instruction. The popularity of this step has, as was predicted, been thus early shown in the increased interest manifested in the study of this difficult branch.

One experiment personally and critically performed, frequently illustrates not only an entire class of reactions, but also a complex theory, the comprehension of which has been long and tediously delayed. The first obsta-

cles scaled, the student views more clearly, the next before him, and flushed with recent victory, presses forward with redoubled zeal and energy to new conquests.

Finally. Your correspondent, after a careful and impartial comparison of European colleges with our own, knows no requisite to graduation, (save hospital attendance,) in which we are so deficient as in that of Chemistry. How much of that deficiency has arisen from a want of practical skill on the part of those who have held the position of chemical professors, it would be out of place here to inquire. Unfortunately, the general ignorance of this science in other walks of life, creates a more absolute reliance upon the physician, and compels a more frequent reference to him. Verily, in no other enlightened land, is so much required of the practitioner, as in ours. Especially in rural districts, is his head supposed to be a treasury of all knowledge, and many and varied are the drafts upon him—be it in the examination of a pustule or a mineral—in tasting a porridge, or testing a medicinal spring—in a case of labor, or one of suspected poisoning. Should he not honor his clients' drafts at sight, alas, for the reputation of our village Doctor!

Jealousy of innovation, which, properly maintained, is the safeguard of medical teaching, as it is of medical practice, will demand much proof before any change is determined on. This we must always be prepared to furnish. Jealousy of dictation which is characteristic of our people, actuates also our profession, and however earnestly the introducer of any salutary measure, may advocate it, unless the mass which surround him and who have witnessed his success, second his appeal, it falls unheeded on the public ear. To you, then, who have enjoyed and acknowledged the value of laboratory practice, will the profession look for testimony in its favor.

Let us then continue earnestly and respectfully to call the attention of professors, laity and students, to the exalted position which Chemistry occupies among her sister sciences, and to the imperative necessity of studying it both *theoretically* and *practically*, if one would grasp and retain its great teachings. In things commercial, American earnest energy is universally acknowledged; but the sneering expression is still not unfrequently heard on the continent of Europe *L'Amérique n'est pas grand chose en rapport avec la science*. Let us prove this destitute of even seeming foundation, by the most thorough cultivation of that, which is emphatically the leading science of the nineteenth century.

The Epidemic Puerperal Fever of Mount Solon and Vicinity.

BY C. R. HARRIS, M. D., AUGUSTA CO., VA.

This frightful disease prevailed in this portion of our country in the fall and winter of 1850 and 1851, and the following spring and summer, embracing in its ravages a scope of country some 12 miles in length and 5 in

* New-York Medical College.

width. More than three-fourths of those delivered were attacked.

During its prevalence there were 46 deliveries, of whom 36 were attacked with the disease; of those who labored under it, 7 died and 29 recovered.

Generally the cases were violent in their mode of attack and rapid in their course, terminating in death in 5 or 6 days after the first invading symptoms, unless arrested by prompt, bold and energetic treatment early after the attack, say between 12 and 30 hours.

Owing to the prejudices, too universally prevalent in a country practice, to post mortem examinations, only one opportunity presented during the epidemic.

Autopsy 12 hours after death. Uterus healthy in appearance, and on application of scalpel into its structure, universal inflammation of the peritoneum, with its usual products, serum, albumen and pus. The left ovarium softened, and, with the corresponding broad ligament, completely disorganized.

In a majority of the cases, the first symptom of pain was felt in the left iliac fossa, and from thence it traversed the course of the corresponding uterine ligament, until the whole peritoneal membrane, from the cardia to the rectum, would be implicated.

The disease, in the larger portion of the cases, was ushered in by a severe rigor, as the first symptom which would attract the attention of the patient or her friends; too frequently, however, it was more insidious in its approach, without the rigors in its very onset—it frequently occurring that there were no rigors until the disease had advanced to near its fatal termination, say the 4th or 5th day after its commencement. After this occurrence the patients sunk rapidly with symptoms of hectic fever, the result, in my humble opinion, of pus production. In this description of cases the usual remedies were of no benefit, but had rather a tendency, to some extent, to hasten the fatal termination.

We know that most writers on this disease have classed the rigors or chill as the first prominent invading symptom in the chain of diseased action, but I am forced to a different conclusion with my experience in the epidemic.

Is the disease contagious? or can it be communicated by the physician to a patient in accouchement? My experience fully justifies me in taking the negative side of the question. Of the nine cases which escaped the disease, eight were attended by the writer during parturition, and whilst in regular attendance upon those suffering from the epidemic. Several of those attacked, too, were delivered by midwives who had never waited on a patient, either during labor or afterwards, who had suffered from the disease in question.

Treatment—The treatment brought to bear was that in inflammation of serous membranes generally. Bold vs., mercury, tartarized antimony and opium, in combination with warm, soothing fomentations, as flannels wrung out of hot water or dipped in warm. Oleum terebinthinæ applied to the surface of the abdomen.

In accordance with the views of the distinguished Gordon, and more recently our own able and distinguished Meigs, and others, I found venesection the sheet anchor, if timely brought to bear on the inflammation, but if procrastinated beyond a certain period, it is, with all other valuable agents, of no earthly benefit. The following table will fully sustain this declaration:

19 were bled between 6 and 12 hours after the attack; of whom 1 died and 18 recovered.

8 were bled between 12 and 24 hours after the attack; of whom 2 died and 6 recovered.

9 were bled between 24 and 36 hours after the attack; of whom 4 died and 5 recovered.

There were three cases which occurred before the epidemic was suspected to exist in our district, which, if added to the number reported, would make in all thirty-nine cases; but as they were seen by me too late to premise any treatment farther than palliatives, I have not detailed them in the list. Of course all terminated fatally. One of the three was moribund when I reached her; in the other two the inflammation had done its work, and with the symptoms of approaching dissolution, death rapidly closed the affecting scene.

The cases alluded to were under the charge of midwives, who flattered them (from an ignorance of diagnosis) that they had milk fever, or "it's nothing but the weed," whilst the attendant symptoms were the result of after pains, which were common to nearly all patients in child-bed. I shall detail as briefly as I can the following case, with its symptoms, treatment and termination, as a fair specimen of those seen and treated, and who recovered.

Mrs. ———, æt. 28 years, of rather a delicate and nervous temperament, delivered of her 4th child, April 2nd, 1851—had a tolerable natural and easy labor. She seemed as well as usual until the morning of the 5th, when she was attacked with a violent chill, which lasted near two hours, with an excruciating pain, which followed the rigor, first felt in the left iliac fossa, soon extending over the entire abdomen, with frequent micturition. Reached her at 1 P. M.—pulse 152, hurried respiration, high fever, intense headache, occasional delirium, tenderness of the whole abdominal surface, which was greatly distended and tympanitic, with suppressed lochia. Accidentally meeting with my friend, Dr. R. H. Robertson, I invited him to see the case with me. *Treatment*.—vs. 49 $\frac{3}{4}$, in semi-recumbent posture. As bowels had not been operated on since her delivery, we ordered cal. grs. 8, opi. gr. ss., tart. emetic gr. $\frac{1}{4}$, every 2 hours, until 3 doses were prescribed: flannels wrung out of hot acetic acid were assiduously applied all the time. At 7 o'clock, bowels freely purged twice. Visited her at 8 o'clock in company with Dr. Robertson—pulse 98, with very little pain since the vs.; skin rather moist, with but little heat, breathing greatly improved, abdomen more flaccid, with diminished tenderness on pressure—left her at 9 o'clock. Called at 11 o'clock with Dr. Robertson; found her worse—pulse 132 and corded,

pain returned, fever and heat of surface greatly increasing, skin hot and dry, with hurried respiration; great inability to move. *Treat.*—vs. 40 $\frac{3}{4}$, which again reduced the pulse in force and frequency to 94. Calomel, opium and tart. antimony prescribed every two hours, aided by enemata of oleum terebinthinæ and melted lard. Visited her at 10 A. M. on the 6th—pulse 80; powders had operated twice since we left her; breathing natural, very little tenderness and no distension of the bowels; patient expressed herself much better—desired to discontinue prescription, as the powders sicken her greatly—powders discontinued—ordered toast or barley water, as she desires some nourishment and complains of great debility.

Saw her in company with Dr. Robertson at 7 A. M. on the 7th. Patient well. Ordered weak chicken broth. On the 10th she was able to sit up in bed and nurse her child at the breast.

In the course of 14 hours this patient lost in all 80 $\frac{3}{4}$ of blood by vs., which saved her life. With a much less quantity I humbly conceive I could not have arrested inflammation, which would rapidly have precipitated her beyond a point from which there is no recovery.

The tart. antimony was a valuable adjunct in the treatment, and as it is a remedy seldom, if ever, mentioned by writers on the treatment of puerperal fever, I cannot too highly recommend its use (where the patient can tolerate it) to the medical fraternity—especially in a country practice, where it is too often the case in this frightful disease that the physician is unable to visit his patients as often as he should do. It is, in my experience, a precious sedative. It controls the circulation, curbs the heart's action, and prevents to a great extent reaction after depletion—a result to be dreaded, owing to the danger of rekindling the inflammation, which, though seemingly arrested, may again seize upon the organs implicated, and consume the patient during the absence of the physician, or at least place her beyond the control of medical aid. The profession are divided in regard to free purging in this disease. I cannot advise the use of drastics, but my testimony fully justifies the necessity of keeping the bowels clear during the high inflammation. Stimulating enemata of oleum terebinthinæ and olive or castor oil I found of great service, by arousing the peristaltic action of the bowels, and aiding the patients to discharge large quantities of fetid gas, agreeably to their relief and comfort. All writers fully agree that this is a troublesome attendant.

I have endeavored to be brief. The disease in question is one of fearful import. I had no idea of consuming so much space in the *Stethoscope* when I commenced, but I hope that its importance will afford me some apology for the length of this hastily written and imperfect communication.

I envy not the practitioner who has to contend with it. Should he meet with the epidemic in a region of

country where midwives are usually called upon, he must expect to see his patients (if called in at all) too late to save them. The battle must be fought from within six to twenty-four hours, and, in a majority of cases, if he does not see the patient sooner than twenty-four or thirty hours after the attack, he must content himself with occupying the position of an irresponsible looker on, whilst the friends of the patient can console themselves with the reflection that she died fashionably, "as Dr. — saw her, and all was done that could be done."

It is the plain duty incumbent on every medical man to sound the "tocsin of alarm," and let his community know the potency of the disease. It is due to himself, to science, and the district, town, or city in which he may reside, to impress them with the fact, that, if curable, it is only so in its first and earliest stages.

Stethoscope.

What Foreigners think of us.

Among the various reasons urged in favor of changing the constitution of the American Medical Association, that most weighty with many was the fact that its "Transactions" had been condemned by certain foreign reviewers. Without inquiring whether any change would be likely to render the "Transactions" more acceptable to those transatlantic critics, we beg simply to state our reasons for believing that such opinions should have no weight whatever, nor influence in the slightest degree the action of the American Medical Profession.

The first of these reasons is, that European doctrines received and adopted too exclusively, have hitherto been the bane of the profession in this country. Without embracing under this head homœopathy, hydropathy, and other doctrines which the profession is unanimous in stigmatizing as quackery, and which have been imported and supported by foreign influence, it is obvious that the practice of excessive medication, more destructive by far to our true interests than both the former, has sprung from the same source. The doctrine of universal purgation promulgated by Hamilton, practiced by Abernethy, with his blue pill and black draught, (infusion of senna,) carried out as it has been in this country in the indiscriminate use of calomel, jalap, colocynth, rhubarb, salts, etc. etc. simple, combined, or in tinctures, elixirs, Gregory's and other pills, either manufactured by horse or steam power or by hand, as the "thunder and lightning pills" of "heroic" practitioners, and applied to the diseases of men and women, children and the aged, fevers, inflammations, dropsies and consumptions, diarrheas and constipation, malarious and nervous and all other diseases, is but one sample of the effects of foreign influence.

Broussaïsism, a pathology retrograde beyond that of Hippocrates, and resulting in a practice totally inert, was of the same source.

The numerous hobby horses ridden with more or less eclat by physicians in various parts of the land, such as spinal irritation, irritation of the os uteri, pessaries, etc. are minor specimens from the same source.

Let it not be said that these have passed away and a truer philosophy of medicine taken their place.

The anatomical school, which is essentially that reigning at the present time, rich as it is in the details of morbid structure, and essential as its facts are to science, is yet essentially wanting in truth and comprehensiveness as a system. Its deductions, in a practical sense, are erroneous; it is impossible, it should be otherwise. It has been correctly characterized as a "meditation upon death."

All Louis' boasted researches on phthisis did not enable him to do more than pronounce the disease incurable, and are even less serviceable than the discovery of the use of cod liver oil. The same might be said of his work on Typhus.

One branch of the anatomical school is that devoted more especially to microscopic investigations, and while we hail with a just pleasure the facts thus recorded, we should be cautious not to regard it as more than a subordinate means of advancing medical science. What single practical deduction has it yet afforded?

Animal chemistry is the most recent development of this school. Its practical results have been nothing better than those of the strictly anatomical studies. Like them it has corrected errors, revealed some facts, but is essentially impotent to form a basis of medical practice.

These form, in their various details and ramifications, the science and the literature of modern medicine. Whatever conforms to it will be praised by foreign reviewers, whatever dissents from it will be condemned. They cannot conceive of a medical doctrine and philosophy different from their own—higher and truer. Such there must be—such, indeed, there is to some extent at present.

When the morbid anatomy of the present day, the chemistry of the solids and fluids, the cells and nuclei, shall have assumed, as they must, the position of subordinate parts in medical science, the use of ergot in obstetrics, of anæsthetics in pain and spasm, both American discoveries, will remain as final results—triumphs of the science. They were attained by the only true system—experiment on the living human body.

There is a practice already gaining ground, established, indeed, to a great extent, particularly in the Western States, taking the place of the purgative, bleeding, starving system,—which, as a system, is American and, unprotected by any great name, is due to the general sense and observation of the profession. It consists in the administration of full doses of opium with quinine and diaphoretics in the first stage of most acute inflammations, fevers and injuries likely to be followed by inflammation.

Those who were so much surprised at the results of the late United States census in regard to the ratio of

mortality in different States, should not neglect this point. It is the influence of medical practice which makes the difference.

We are to seek then a higher and truer philosophy of medicine than the present. Distrusting the daily discoveries of the microscope and morbid anatomy as bases of practice, we are to extend our views over a wider space of time, and regard man from a higher and more universal point of view.

This system of true medical philosophy, where is it more likely to find development than in America? Why not look to nature and the unbiassed observation of American physicians rather than to the past, and a few foreign professors and editors for advancement?

Have not the proceedings of Congress, our social and political systems, been condemned by "European reviewers" because they differed from their own, but were more true. They have developed themselves rapidly and surely, notwithstanding all the sneers cast upon them. So will it be with medical science when physicians come together to exchange views on questions of science and practice, instead of discussing personal interests, the interests of sects and of schools,—when they no longer look to what "they say of us" in Europe.

To the West more especially do we look for that movement which shall tend to a national medical character. Held subservient, as it has heretofore been, to the East, as the East to Europe, for its books and doctrines, there are recent symptoms that it will soon have opinions of its own. Dr. Dowler has shown what might be done in slaying European monsters, by one possessed of the independence to think and the freedom of acting without the fear of foreign or American reviewers before his eyes. Let us hope that his example will not be lost; that individually and collectively the profession will march forward to the discovery of those new parts of the science upon which its future rank essentially depends.

N. W. Medical Journal.

Extract from Professor Lee's Valedictory at Geneva Medical College.

In contrast with scientific medicine, how odious and detestable is *Empiricism*. Bold and impudent in its pretensions, reckless in its statements, unblushing in its effrontery, it sets common sense at defiance, and glorifies itself at the expense of truth and honesty. Violating all rules of logic, despising the only positive methods of acquiring knowledge, disregarding all the wisdom of the learned, and all the experience of the past, it plumes itself on its intuitive perception of truth, and its freedom from the jargon and formulas of Schools and Colleges. In its judgment, a seventh son inherits more knowledge and skill than is to be found in all the universities, and it finds in a clairvoyant more insight into the nature, seat, and proper treatment of disease, than in the best

informed physicians; while it looks upon a spirit-rapping medium, as a celestial express, a spiritual telegraph, between the invisible and visible worlds! It is proud, boastful, vain, and bigoted; the enemy of truth, the foster-mother of ignorance and superstition; esteeming Homœopathy, Hydropathy and Mesmerism, as new revelations, and their practitioners a band of disinterested philanthropists, blessed with superior wisdom and mental acumen and purified from all the dross of our poor humanity. It looks with contempt upon all book-learning, believing that study only tends to confuse the mind, pain the head, and stupify the intellect; that knowledge comes by instinct; that a natural bone-setter is the only one to be trusted; and it finds its strongest proof of infinite wisdom and goodness, in the creation of Cayenne pepper, Lobelia, and Bayberry! Such is *Empiricism*, with which our country is rife, and which our state, in common with many others, thinks proper to license, spreading ruin and devastation on every hand; and which you will encounter at every step. Even those from whom you might expect better things, will often exhibit a strange partiality for empirical modes of practice, and notorious quacks; thus offering a standing premium for ignorance and knavery. But deal gently with all such, the increasing intelligence of the age, will soon, it is to be hoped, put all these delusions to flight; a better knowledge of Physiology and the laws of health will dispel these errors. In the mean time, display your superiority by your superior skill; let your intelligence, courteous manners, knowledge of your profession, kindness and devotion to the sick, be your sole recommendation, and have no fear as to the result. True and modest merit will, sooner or later, win its way, and receive its reward; while false pretension, ignorance and imposture, will speedily find their proper level. I know there is much in the present state of things to discourage the prosecution of medical science and damp the ardor of its faithful cultivators; for that which is neither properly appreciated, nor rewarded by the community, it is to be feared, may soon cease to be zealously or successfully cultivated. And so it would be with medicine, were medical men solely influenced by mercenary motives. Compared with the other professions, it must be conceded that we labor under a great disadvantage. The qualifications of the advocate can be readily estimated by the public, and he soon takes the rank to which he is entitled; and so of the clergy. But the evidences on which a correct estimate of the qualifications of the physician can be formed, are not, ordinarily, within the reach of the community; and hence, boasting, trick, and dishonest artifice, are often more successful for a time than real merit and skill, though sooner or later they are sure to be exposed. The reputation of a physician, however, when once established, is tolerably secure: although he is occasionally liable to be superseded by some foreign or domestic empiric, who sails under the false colors of some new sect or system. When will the public learn that medical knowledge, like all other, is

only to be acquired by study and observation; that medical science disdains to be limited by theories and dogmas; that it has every protection against fallacy, that reason, stimulated by the love of truth can know or invent; that "it recognizes no new system or old system, new school or old school, but repudiating all systems, gathers truth wherever it can find it, welcoming the light from every quarter; drawing wisdom from the follies of sects, and the errors of rivals, and continuing to thrive by the very elements, which spring from the decay of other systems, just as the eternal oak flourishes and grows green for ever, from the decomposition of the transient vegetation, of which generations are springing up and perishing around it.

"As Northward from its Nubian Springs,
The Nile, for ever new and old,
Among the living and the dead,
Its mighty mystic stream has roll'd.
So starting from its fountain head,
Under the Lotus leaves of Isis,
From the dead demigods of old,
Through long unbroken lines of kings
Its course the sacred art has held,
Unchecked, unchanged by man's devices."

Longfellow.

Extract from an Address delivered by Dr. Samuel Grimes, of Delphi,

AT NEW ALBANY, MAY 20TH, 1852, BEFORE THE INDIANA MEDICAL CONVENTION.

"Before we blame with asperity the wrong bias of a portion of the community towards medical heresies and quackery, we, of the profession, ought to have the consciousness that we are clearly distinguishable from the whole tribe of pretenders, by our superior attainments, not only in medicine, but in general literature and science, as well as by our greater readiness of resource at a time of difficulty and danger in the sick room. The mere fact of our holding a diploma in Latin, while others put up with one in English, and of our believing in one doctrine, while they are clamorous in favor of another, will give us no claim on the world for higher professional rank, and greater skill in practice. We must rest our claims on something more substantive and appreciable than this. We may dwell with allowable pride on the antiquity, and learning, and signal philanthropy of the great family, with Hippocrates at its head, to which we belong. But the pride of ancestry becomes ridiculous if it is not sustained by contemporary merit. To be received in the great brotherhood and decorated with the order of merit, we ought to be able to show that we underwent early preparation by a good academic or collegiate education; and early training afterwards, by elementary medical instruction, in the office of an experienced physician, before we were enrolled and became regular and faithful attendants in a Medical School of repute and competent organization.

"Some, perhaps many of us, will confess, with re-

gret, that we have not been able to comply with these requisites, in all their particulars. But, surely, this does not imply that we should withhold our advice and assistance, in order to remove the obstacles from the path of those coming after us, which embarrassed and impeded our own course. The times are more propitious to the zealous student now than they were in our early days; and, consequently, there is less excuse now than then for neglect, on the part of a parent, to procure for his son a good preparatory education, and on that of a physician to impart to his pupil suitable elementary instruction in medicine. Nor need any of us stand excused from the discharge of his duty to his pupil, if he received any such in office, by the plea of his own defective attainments. However limited may be our reading and knowledge of medical literature, we can still point out to the young student a good book on each of the different branches of medicine: and early familiarize him with the qualities of drugs, and, to a certain extent, their pharmaceutical combinations—while we give him opportunities of ascertaining their therapeutical value. Though ourselves not learned in Climatology, we can, without difficulty put him in the way of observing and recording the characters of the successive seasons, and the modifications caused by the particular locality in which we reside. Though ignorant of Greek, thanks to the Sydenham Society, we can put into his hands a good translation of the admirable essay of Hippocrates on *Air, Water, and Places*, and read with our student the interesting and instructive volume on the climate of our own great valley, by Dr. Drake.

“So in Botany, even if we are not able ourselves to teach, we might, without much difficulty, set an example to our students of learning its elements, and exhort them to prosecute their inquiries in this direction, combining with them the study of vegetable physiology. Continually surrounded by the productions of nature, the country student has stronger incitements, and at the same time, greater facilities, to become acquainted with Natural History than the resident of a city.

“In pursuing the course here recommended, we shall discharge not only our duty to our students, but, also, to the several Medical Colleges to which they will resort after leaving us, for on the proper elementary instruction which these young men have received at our hands, will mainly depend their successful indoctrination in the higher principles and rational practice of Medicine by the professors in the schools. These gentlemen are continually embarrassed in their teachings by not knowing what foundation has been laid by the private teachers, or by those who ought to have been such; nor how far they make for granted an acquaintance with elementary truths on the part of their youthful auditors. One professor, for fear of going beyond the comprehension of his class, contents himself with uttering the merest common places; another aims to

bring up his hearers to his own elevated standard. If it be said that the first is the most popular lecturer, does not the fact show the unpreparedness of the students for a course of instruction such as they ought to receive, and such an able and conscientious professor ought to be able to give.

“The dignity, learning, elevated standing, and successful teachings of the Faculties of our Medical Colleges cannot be matters of indifference to us. They are, in one sense, our representative, in another our auxiliaries; and whatever effects their reputation must react on the entire body of the profession. We cannot, therefore, be supposed to look with indifference on the organization of these colleges, nor be expected to give any countenance to those with the entire competency of whose Faculties we are not fully satisfied. A new Medical School cannot, like a new store, or a new manufactory, or a new line of stages, be patronized, merely because it is new, and to encourage trade and reduce prices, by competition. Nor can personal regards nor sectional pride furnish an apology for our sending our students, or otherwise giving our countenance to a school, formed in haste out of incongruous materials, and as if in a spirit of mere business speculation. The medical profession, at large, must divide the responsibility with the Medical Schools for the attainment and fitness of the graduates sent out annually from these latter, as candidates for practice and public patronage. If we send to the Medical Colleges crude materials, it cannot be expected that they should be at once fashioned into shape and harmonious proportions. If we send to them ignorant minds, we have no right to suppose that these will be instructed and taught the principle of medical logic, and philosophy in the course of a few months.

“I repeat that we have a large share of responsibility for the manner in which Medical education is conducted. We send our students to be educated, we influence them in their selection of the school in which they go. We, therefore, mistake greatly our position, if we think that we can assume the office of judges and critics of Medical Schools without our participating in their cares and difficulties, and giving our counsel for their protection and guidance, when they come up to what we believe to be a good standard of teaching. The best assistance we can give them, is to send them students properly prepared to avail themselves of the higher course of instruction which the professors are ready to go through with. The best counsel we can offer to the professors, is for them to abide by their own convictions of duty in keeping up an elevated standard of medical attainments for their students, and taking adequate time for imparting their knowledge to these latter. Not only are there more branches of medicine to be taught now, but each branch is much richer in details, than formerly; and hence it is clear that more time is required to teach them than formerly was requisite.

"It may be asked, whether we are ourselves, either by education or subsequent reading, competent judges, in the premises, of what is necessary on the score of Medical Education? It may be that many of us are not, in this sense *competent*, but the very consciousness of deficiencies and experience of what we have suffered in consequence may naturally impel us to seek reform, and create a desire that others coming after us should enjoy advantages of which we were deprived.

"We may, however, all of us, in this age of periodical literature and abundant publications, readily procure the desired information on many subjects of immediate interest. The calls on our time and attention in the cares of practice, and especially country practice, must always prevent our being regular and systematic readers: but if we are bent on turning all the odd hours to account, and have a good medical journal, and the best monograph at our elbow, we shall be able to keep up, to a respectable extent, with the progress of our science, at least so far as to appreciate its extent and chief bearings, and the improvements in practice. In this way we can do justice to ourselves and to our students, and confer, if need be, understandingly with our brethren, the members of the Faculty of Medical Colleges."

From the N. Y. Scalpel, August, 1852.

A Psychological and Literary Phenomenon!

"I love truth above all earthly things; it is the basis of everything stable; therefore I love that which demonstrates its existence."—[Extracted from a lecture to the Students of the University, by Gunning S. Bedford; published in the June number of *Nelson's Northern Lancet*, p. 2.]

"This striking similarity of ideas strongly reminds us of the anecdote of an author who read a part of his play to a friend, in order to obtain his opinion.

"Very good," said his friend, "very good, indeed; but, pray, is not all this in Shakespeare?"

"What of that?" replied the other: "*it only shows how very much alike*"

TWO GREAT MEN may sometimes write.

"One of these men is genius to the other."—*Comedy of Errors*.

"There is no fact in the history of Literature and Science better established, than that men of genius often fall into the same train of thought, and even express themselves in the very same language, without being conscious of it, and even while under the belief that their views are highly original. Thus also the same scientific discoveries have in many instances been made contemporaneously in distant countries, as, for example, the identity of electricity and lightning, which was established in France and the United States at nearly the same time, and without any correspondence between Franklin and the French Philosopher. Numerous other instances could be mentioned as cases in point, but it is unnecessary. My object, at present, is, to call the attention of your readers to one of the most remarkable of these coincidences that has ever fallen within my notice, which I find in a Lecture delivered by Dr. Bedford, at the Stuyvesant Institute, Nov. 25, 1840, and *printed* by request of the audience. It is not to be presumed, for a single moment, that a gentleman of Professor Bedford's honorable character! great talents!

and unequivocal reputation! would condescend to borrow a lecture from any one, and palm it upon an intelligent community as his own; I am therefore obliged to conclude that the coincidence which I shall point out, is purely accidental, and one of those remarkable phenomena which sometimes occur in the literary and scientific world."

From Southwood Smith's

"*Philosophy of Health.*"

Vol. 1, p. 2.

Extract from Dr. BEDFORD's Introductory Lecture, delivered at the Stuyvesant Institute, Nov. 25, 1840, and published by request of the audience.

"Physical science has become the subject of popular attention, and men of the highest endowments, who have devoted their lives to the cultivation of this department of knowledge, conceive that they can make no better use of the treasures they have accumulated, than that of diffusing them. But no attempt has hitherto been made to exhibit a clear and comprehensive view of the phenomena of life; the organization upon which those phenomena depend; the physical agents essential to their production; and the laws, as far as they have yet been discovered, according to which those agents act. The consequence is, that people in general, not excepting the educated class, are wholly ignorant of the structure and action of the organs of their own bodies, the circumstances which are conducive to their own health, the agents which ordinarily produce disease, and the means by which the operation of such agents may be evaded or counteracted," &c.

"Physical science as connected with health, has of late become an object of popular attention, and men of the highest endowments, who have devoted their lives to this department of knowledge, conceive that they can in no way more efficiently appropriate the rich treasures they have accumulated, than by adapting them to the popular mind, in such a way as to diffuse among the people the great elements of a science in which all are equally interested. It is unfortunate that authors have not more generally exhibited in a systematic form, a clear and comprehensive view of the phenomena of life; the organization on which those phenomena depend, the necessary influence of physical agents on their production, and the laws, as far as they are understood, on which the action of those agents is based. If this had been done, we should not have to mourn over the ignorance of the community in general, not excepting even the more enlightened and educated classes, with regard to the structure and functions of the organs composing their bodies, the circumstances which are conducive to their own health, the agents which ordinarily produce disease, and the means by which the operation of such agents may be avoided or counteracted.

"A knowledge of the structure and functions of the body is admitted to be indispensable to whoever undertakes to protect those

"It will, I apprehend, be admitted, that a knowledge of human structure, and of the various functions of the animal economy, is

organs from injury, &c. But surely some knowledge of this kind may be useful to those who have no intention to practise physic, or to perform operations in surgery; may be useful to every human being, to enable him to take a rational care of his health, to make him observant of his own altered sensations, as indications of approaching sickness; to give him the power of communicating intelligibly with his medical adviser respecting the seat and the succession of those signs of disordered function, and to dispose and qualify him to co-operate with his physician in the use of the means employed to avert impending danger, or to remove actual disease."

"The knowledge of this structure seems peculiarly necessary to those who have the exclusive care of infancy, and almost the entire care of childhood. The bodily organization, and the mental powers of the child, depend mainly on the management of the infant; and the intellectual and moral aptitudes and qualities of the man, have their origin in the predominant states of sensation, at a period far earlier in the history of the human being than is commonly imagined. The period of infancy is divided by physiologists into two epochs; the first, commencing from birth, extends to the seventh month; the second commencing from the seventh month, extends to the end of the second year, at which time the period of infancy ceases, and that of childhood begins. The first epoch of infancy is remarkable for the rapidity of the development of the organs of the body; the processes of growth are in extreme activity; the formative predominates over the sentient life. The second epoch of infancy is remarkable for the development of the perceptive powers. The physical organization of the brain, which still advances with

indispensable to the physician and surgeon. But is this knowledge of human structure to be limited to members of the healing art? Most assuredly not. It will be found useful to every human being by enabling him to take a rational care of his health, and rendering him observant of his own altered feelings, as indications of approaching sickness. It will afford him the means of communicating intelligibly with his medical adviser respecting the seat and symptoms of disordered functions, and will prepare him to co-operate with his physician in the use of agents necessary to avert impending danger, or to remove actual disease."

"The knowledge of human structure, and of the mental constitution, is peculiarly important to those who have the exclusive care of infancy, and almost the entire supervision of childhood. On the management of the infant will depend the bodily organization and the mental powers of the child; and man receives his intellectual and moral aptitudes, taking, as they do, their origin in the predominant states of sensation, at a period far earlier in the history of the human being than is generally supposed. Phrenologists have divided infancy into two epochs. Infancy commences at birth, and extends to the seventh month; whilst childhood embraces the period from the seventh month to the termination of the second year. The period of infancy is remarkable for the rapidity with which the organs of the body are developed, the processes of growth are in extreme activity, and the formative predominates over the sentient life. The development of the perceptive organs characterizes the period of childhood, or second epoch of infancy; the brain begins to exhibit greater energy, and manifests a wider range of action. The intellectual facul-

rapidity, is now capable of greater energy and a wider range of function. The intellectual faculties are almost in constant operation; speech commences, the sign, and, to a certain extent, the cause of the growing strength of the mental powers; the capacity of voluntary locomotion is acquired, while passion, emotion, affection, come into play with such constancy and energy, as to exert over the whole economy of the now irritable plastic creature a prodigious influence for good or evil. If it be, indeed, possible, to make correct moral perception, feeling, and conduct, a part of human nature, as much a part of it as any sensation or propensity—if it be possible for every individual of the human race, without exception, to an extent that would render *all* more eminently and consistently virtuous than *any* are at present, preparation for the accomplishment of this object must be commenced at this epoch.

"But if preparation for this object be really commenced, it implies, on the part of those who engage in the undertaking, some degree of knowledge of the physical and mental constitution of the individual to be influenced; knowledge of the mode in which circumstances must be so modified in adaptation to the nature of the individual being, as to produce upon it, with uniformity and certainty, a given result. The theory of human society, according to its present institutions, supposes that this knowledge is possessed by the mother; and it supposes, further, that this adaptation will actually take place in the domestic circle through her agency. I appeal to every woman whose eye may rest on these pages—I ask of you, what has ever been done for you, to enable you to understand the physical and mental constitution of that human nature, the care of

ties of the tender being are in active operation. The power of articulation, an evidence of the increasing energies of the mental powers, now show itself; the capacity for voluntary locomotion is also acquired, while passion and affection come into play with such constancy and force, as to exert over the entire economy of the now irritable and plastic creature, a prodigious influence for good or evil. If, as it has been well observed, it be possible to make correct moral perception, feeling, and conduct, a part of human nature, as much a part of it as any sensation or propensity—if it be possible for every individual of the human race, without exception, to an extent which would render *all* more eminently and consistently virtuous than *any* are at present, preparation for the accomplishment of this object must be commenced at this epoch."

"In order to guide with proper effect the plastic mind of the infant, a certain degree of knowledge is absolutely necessary—knowledge of the mental and physical constitution of the individual to be influenced—knowledge of the mode in which circumstances must be so modified in adaptation to the nature of the individual being, as to produce upon it with uniformity and certainty a given result. This knowledge is presumed to be possessed by the mother; and society imposes upon her the task of directing the early impressions of childhood. From what sources has the mother received her qualifications to the undertaking? What has society done to imbue her with a knowledge of the mental and physical constitution of that human nature, the care and guidance of which has been intrusted to her? In what part of the course of her education has in-

which has been imposed upon you? In what part of the course of your education was instruction of this kind introduced?"

"There is no philosopher, however profound his knowledge—no instructor, however varied and extended his experience, who would not enter upon this task with an apprehension proportioned to his knowledge and experience; but knowledge, which men acquire only after years of study, habits which are generated in men only as the result of long continued discipline, are expected to come to you spontaneously, to be born with you, to require on your part no culture, and to need no sustaining influence," &c. &c. &c.

"There is a close connection between happiness and longevity. Enjoyment is not only the end of life, but it is the only condition of life which is compatible with a protracted term of existence—as there is a point of wretchedness beyond which life is not desirable, so there is a point beyond which it is not maintainable. The man who has reached an advanced age, cannot have been, upon the whole, an unhappy being; for the infirmity and suffering which embitters life, cut it short. Every document, by which the rate of mortality among large numbers of human beings can be correctly ascertained, contains in it irresistible evidence of this truth. In every country, the average duration of life, whether for the whole people or for particular classes, is invariably in the direct ratio of their means of felicity; while, on the other hand, the number of years which large portions of the population survive beyond the adult age, may be taken as a certain test of the happiness of the community. How clear must have been the perception of this in the mind of the Jewish

struction of this kind been introduced?"

"There is no philosopher, however profound his knowledge—no instructor, however varied and extended his experience—who would not enter upon the task with an apprehension proportioned to his knowledge and experience; but knowledge, which men acquire only after years of study; habits which are generated in men only as the result of long-continued discipline, are expected to come to mothers spontaneously, to be born with them—to require, on their part, no culture, and to need no sustaining influence," &c. &c. &c.

"There is a close connection between happiness and health—between happiness and longevity. Enjoyment is not only one of the ends of life, but it is the only condition of life which is at all compatible with a protracted term of existence. As there is a point of wretchedness beyond which life is not desirable, so likewise is there a point beyond which it cannot be maintained. The man who has reached an advanced age cannot have been, as a general rule, an unhappy being; for the infirmity and suffering which embitter life, usually cut it short. Every document by which the rate of mortality among large numbers of human beings can be correctly ascertained, presents irresistible evidence of this truth. In every country, the average duration of life, whether for the whole people or for particular classes, is invariably in a direct ratio of their means of felicity; whilst, on the other hand, the number of years which large portions of the population survive beyond the adult age, may be regarded as an unerring test of the happiness of the community. Clear must

legislator, when he made the promise, *that thy days may be long in the land which the Lord thy God hath given thee*—the sanction of every religious observance, and the motive to every moral duty." Vol. 1, p. 101.

"Excepting as a qualification for the practice of surgery and medicine, in the curriculum of no school or college in the kingdom, is an explanation of the structure and functions of the human body included."

"The omission of these subjects from the ordinary courses of education cannot be because they are without interest, nor because nothing worthy of being communicated has been discovered respecting them, nor because there is insuperable difficulty in the exposition of what is ascertained. Since the mind is the subject upon which all education is intended ultimately to act, and the instrument through which it must effect whatever influence it exerts, no one can doubt the importance of an acquaintance with the mental phenomena and with the laws that regulate them. Of the knowledge of the processes by which the structures of the body are built up, and of the physical conditions which are necessary to life, health, and strength, the utility is not so obvious; yet such knowledge is capable of practical applications of the utmost importance daily and hourly."

The above will serve as a specimen of the extraordinary coincidence of thought and language between the learned Professor of Obstetrics in the University School, and Dr. Smith, author of the "Philosophy of Health." The same similarity runs through the whole lecture, with the exception of a few sentences, which may be found verbatim in Lawrence's "Lectures on Man." Whether Dr. Smith has, as yet, had the good fortune to be apprised of this remarkable occurrence, I know not; but when it does come to his knowledge, there can be no doubt he will feel highly flattered and regard it as a most singular psychological phenomenon—a moral demonstration of the soundness of his own views, which have thus, from one of the great minds of our country, been unwittingly echoed back across the

have been the perception, and great the wisdom of the Jewish legislator, when he made the promise—*that thy days may be long in the land which the Lord thy God hath given thee*—the sanction of every religious observance, and the motive to every moral people."

"Excepting as a qualification for the practice of medicine and surgery, scarcely an institution has embodied in its programme of instructions, an explanation of the structure and functions of the human body."

"The omission of these subjects from the ordinary courses of education cannot be because they are without interest, nor because nothing worthy of being communicated has been discovered respecting them; neither can it be that there is an insuperable difficulty in the exposition of what is ascertained. Since the mind is the subject upon which all education is intended ultimately to act, and the instrument through which it must effect whatever influence it exerts, no one can doubt the importance of a knowledge of the mental phenomena, and of the laws by which they are regulated. The knowledge, too, of the processes by which the various structures of the body are built up, and of the physical conditions necessary to their life, health, and strength, admits of practical application daily and hourly, of the highest moment."

broad Atlantic. The phrenologist too, cannot but regard it with interest, and will immediately be led to inquire what are the cranial developments of Dr. Smith; for if it shall turn out that his craniological conformation corresponds with that of our learned Professor; we put it to the skeptic, and the man of science, whether such coincidence and identity of mental operations, does not establish the truth of phrenology, beyond all cavil?

I am, Mr. Editor, warmly yours,

NITRAS ARGENTI.

Health of the City.

The editor of the *Courier and Enquirer* gallantly comes to the rescue of the City Inspector, whom he persists in dubbing as *Doctor White*, and vouches for his official qualifications. He might with equal propriety title each of the rejected Health Wardens, "Doctor," although there is no medical man among the twenty-one, and yet to these unprofessional officers, the Health of this great city is perennially committed.

We assumed in our article that none but men professionally educated have the capacity to perform the duties of this department adequately, and this irrespective of the present incumbents or any other politicians. Our concern has been only that the public welfare on the all-important subject of Health should no longer be jeopardized by the miserably inefficient system of organization at present existing in this department. And having expressed our opinions, we leave the matter with the authorities. It will be well if the city escape a panic this season, by a pestilence which may make a louder remonstrance.

New Publications.

A Treatise on Diseases of the Air-Passages, comprising an inquiry into the history, pathology, causes, and treatment of those affections of the Throat called Bronchitis, Chronic Laryngitis, Clergyman's sore throat, &c. By HORACE GREEN, A. M., M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine in the New-York Medical College, &c. &c. Third edition, revised and enlarged. New-York: G. P. Putnam, 1852.

This is a new and important edition of a work which has attracted no small degree of attention at home and abroad. The subject of topical medication in Spasmodic Asthma, and Œdema of the Glottis is treated in the addenda, at the close of the volume. The tribute to Sir Charles Bell, and Trousseau and Belloz, for their labors in this department, is sufficiently explicit in the preface to the second edition, to satisfy the most fastidious critic as to the claims of the author, and his recognition of priority in others to the extent which can be justly predicated. To Dr. Green is unquestionably due the merit of having been the first to direct the attention of the profession to the value of this practice, derived from his personal experience and observations in this country. His writings on this class of diseases are deservedly regarded with favor, not only by the profession in this country, but by the European reviews, from some of which he has received high encomiums. We recommend this book as calculated to be popular and useful.

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REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

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W. R. HANDY, Dean.

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ALEXANDER H. STEVENS, M. D., L. L. D. President of the College and Emeritus Professor of Clinical Surgery.

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The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

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Vol. III.

SEPTEMBER 15, 1852.

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CONTENTS.

To Our Subscribers, &c.	249	Parsonomy of Publishers,	255	Tumor of the Jaw, (with Illustrations),	263
Philadelphia College of Medicine,	250	On the Blood and its Changes, by Rodolf	255	Letter from Dr. Watson,	264
"The Lowest Deep,"	250	Haas, M. D. (No. 3).	255	Bungling Surgery,	265
Literary Piracy of Dr. Bedford,	250	Dr. Bedford's Organ at Plattsburgh,	259	Resection of the Chin, with a portion	
Dr. Bedford's Organ, again!	250	From the Transactions of the College of		of the body of the Lower Jaw,	
Medical News,	251	Physicians, Philadelphia,	260	(with Illustrations),	266
College of Physicians and Surgeons,	251	Crescote in Cholera Morbus, Cholera In-		Professor Peaslee,	267
fantum, &c.	251	fantum, &c.	261	Dr. Bedford, the New-York University	
Surgery in the Country,	251	Crescote in Diarrhoea,	262	School, and their Organ,	269
Rev. Dr. Van Kleeck's Address,	251	Nitric Acid in Whooping Cough, and Asth-		Lectures on Operative Surgery; On Litho-	
Scalds and Burns,	252	ma,	262	otomy—Concluded,	270
Cholera,	253	Good.	262	Selling a Recipe for the Cholera,	273
Circular,	253	COMMUNICATIONS:—		Ladies' Medical Missionary Society,	273
Spina Bifida,	255	Inflammatory Tumefaction of Left		Deaths of Physicians in Philadelphia,	274
New Jersey Medical Reporter,	255	Check,	263	New Publications,	274
American Journal of Dental Science,	255				

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEBEDIAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, JR. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LANDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

Fees—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1852-3.

The regular Course of LECTURES will commence on Monday, the 11th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M. D. Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D. Professor of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M. D. Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D. Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D. Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D. Professor of Chemistry.

ELLERSLIE WALLACE, M. D. Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, two thousand and twenty-nine cases were treated, and three hundred and eight operations performed. Among these were many major operations—an amputation of the leg, thigh, arm, hand, mamma, &c. trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the Dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEEs.

Matriculation, which is paid only once,	\$5 00
Each Professor, \$15	105 00
Graduation,	30 00

The number of Students during the last session was 506; and of Graduates 225.

R. M. HUSTON, M. D.

Dean of the Faculty, No. 1 Girard-street.

July, 1852.

UNIVERSITY OF LOUISVILLE, MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, JR. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinicque has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2 50 to \$3 a week.

L. P. YANDELL, M. D.

Dean of the Faculty.

August, 1852.

FREE MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN. SESSION 1852-3.

ZINA PITCHER, M. D. Emer. Prof. Institutes of Medicine and Obstetrics.

SAMUEL DENTON, M. D. President, Prof. Principles and Practice of Medicine.

ABRAM SAGER, M. D. Prof. Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLASS, M. D. Prof. Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D. Prof. Anatomy and Surgery.

J. ADAMS ALLEN, M. D. Secretary, Prof. Materia Medica, Therapeutics and Physiology.

EDMUND ANDREWS, M. D. Assistant Lecturer in Anatomy and Demonstrator.

The Third Annual Session will commence upon Wednesday, the 6th day of October next, and continue till the third Wednesday in April ensuing. A Matriculation Fee of Ten Dollars entitles to the privilege of permanent membership. Four Lectures daily, or a total varying from five hundred and forty to five hundred and sixty during the entire term.

The prime object of the Institution will continue to be, to carry out as strictly as possible, in spirit and detail, the requirements of the National Medical Association.

For further particulars, if desired, address the Secretary of the Faculty at Ann Arbor, Mich.

J. ADAMS ALLEN, Sec.

PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.

NINTH, BELOW LOCUST-STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D. Professor of the Theory and Practice of Medicine.

JOHN WILTANK, M. D. Professor of Obstetrics and Diseases of Women and Children.

HENRY S. PATTERSON, M. D. Professor of Materia Medica and Therapeutics.

DAVID GILBERT, M. D. Professor of the Principles and Practice of Surgery.

JOHN J. REESE, M. D. Professor of Medical Chemistry and Pharmacy.

J. M. ALLEN, M. D. Professor of Anatomy.

FRANCIS GURNEY SMITH, M. D. Professor of the Institutes of Medicine.

WILLIAM H. GOBRECHT, M. D. Demonstrator of Anatomy.

The Lectures for the Session of 1852-3 will commence on Monday the 11th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator Clinical Instruction at the College and at the Pennsylvania Hospital in the immediate vicinity.

FEES.—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information apply to

D. GILBERT, M. D. Registrar,
181 N. Ninth-street, Philadelphia.

August, 1852.

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITTAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. FEASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

D. S. CONANT, M. D. Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday 22nd of September, which will be independent of the regular Course, and will be free to all Medical Students.

The Dissecting Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinicque will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

FEES.—Matriculation, \$5. Demonstrator's Ticket, \$3. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New-York Medical College,
East Thirtieth-st. near Broadway. }

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 18 & 19.

SEPTEMBER 15, 1852.

\$1 PER ANNUM.

Professional Advertisements will be inserted at the following rates, viz:

Single insertion, for a column, \$5.
" " 12 lines or less, \$1.
Annual advertisers, for a column, \$10 per quarter.
" " 12 lines or less, \$5. " "
Smaller advertisements in proportion.

Medical Colleges, Lectures, &c. will be charged at the annual rates, in proportion to the number of insertions, whether more or less than a quarter.

SUBSCRIPTION.—The price of this journal is \$1 per annum, which must be paid in advance. Double numbers, 12½ cents. Extra copies, \$10 per hundred.

TO OUR SUBSCRIBERS.

This being a Double number, our next issue will be on the 15th of October.

RECEIPTS, &c.—Drs. McClaurry, Wooten, Hunter, Dewees 2, Forbes, Y. Harris, Vals, Lobstein, Phillips, Eldwell, Gunn, Moragne, Boling, Elliot, Horner, Dixon, George, Johnson, Cheesmond, Harris, Andrews, Whiting, Neilson, Gross, Robbins, Bodniaer, Gallagher, H. G. Cox, Bibbins, P. Kelly, Whitlock, Gaston.

To Our Subscribers.—Take Notice.

NEW SERIES FOR 1853.

The present number, by the variety of its contents, and the intrinsic value of several of the articles, will amply repay perusal. The number of wood cuts, of which the present volume will furnish specimens, must satisfy our subscribers, that our materials and resources have so accumulated, that such a journal as the Gazette cannot be sustained at its low price, even with its present size of thirty-two pages. Moreover, the call for enlargement is so generally made by our patrons, and so pressing in view of the original contributions which are monthly excluded for want of room, that we are making arrangements to begin the next volume, in January, by issuing each number in an improved dress, stitched in covers, with postage prepaid, at TWO DOLLARS PER ANNUM, payable in advance. No subscriber will be received for less than six months, for which one dollar must be remitted, or the paper cannot be sent.

We give this early notice, that remittances for the next volume may be conformed to the new terms. Those who send but one dollar, will only receive the Gazette of the new series for six months for the year 1853, unless advance payment is made in time. Two dollars will pay for the entire volume.

Apology.

We are unable to supply the demand for the last number of the Gazette, containing the exposé of literary piracy, by our neighbor, the "pecuniary Professor," as the whole edition is exhausted, except those laid aside for binding in volumes at the close of the year. A new edition of the literary curiosity will be ready for circulation among the students at the opening of the lectures. Those who are too impatient to wait till then, will find the "psychological phenomenon" at full length in the *Scalpel* for August, which is fortunately stereotyped, for we learn that the edition of 5000 copies has been already taken up. The Professor is destined to a mortal immortality as he deserves to be, for the records of the "Curiosities of Literature" will be searched in vain, for his compeer in this department. *Primus intra paros!*

Failures in Delivery.

Our city subscribers are again notified that their numbers are regularly mailed and pre-paid, so that the responsibility for failures in delivery, is with the city Post Office. We regret that there are so many complaints of the non-receipt of the Gazette, but we have no remedy, other than to supply all deficiencies, by duplicate numbers when notice is given.

 Our acknowledgments are due to a few of our delinquent subscribers for having paid up their arrears, but there are too many who have forgotten or neglected to remit the small sum due from each, which in the aggregate, would be of importance to meet the expenses of this publication. We cannot afford to extend our forbearance beyond the first of January next.

In continuing our double number monthly, instead of a single sheet bi-weekly, as formerly, we have been enabled to insert longer articles, and increase the variety and interest of the Gazette. But we find our present form inadequate to meet the demand upon our columns, and are hence obliged to delay and postpone the favors of our correspondents. We hope to enlarge at the close of the volume, and take place among the monthlies in a new and improved dress. We are encouraged to take this course by the kindly expression of opinion, and the greetings which are daily received from our subscribers at home and abroad, all of whom concur

in their estimate of our labors, and the usefulness of this journal as at present conducted; and give promise of renewed efforts to extend our circulation.

If each of our patrons would send us one new subscriber, the permanent prosperity of the Gazette would be beyond a peradventure. Who will respond to this call? The back volumes can still be furnished to new subscribers.

Among the improvements for which arrangements are made, we shall commence in November a course of lectures on *Uterine Displacements*, by Professor Barker, of the New-York Medical College, a subject upon which there is more ignorance, blundering and quackery, in the profession as well as out of it, than in any other branch of the obstetric art. The clinical lectures of Professor Carnochan, so highly appreciated by the profession will be continued, commencing *Lithotripsy* in the next number. Dr. W. C. Bowen is preparing a series of papers upon malarious fevers, which we shall publish as soon as we can make room, and we have the promise of a number of other original contributors as regular correspondents. Illustrations by wood cuts will be more frequent hereafter, and if our friends will exert themselves to increase our subscription list for the new series, we can safely promise to increase the usefulness and practical character of the Gazette, without any change in the variety of the editorial department, which will as heretofore criticize and expose every phase of quackery, in the medical schools or elsewhere, and preserve a record of passing events in medical politics at home and abroad.

Thus far the increase of our patronage has encouraged us to take a higher rank among the Medical Journals of the country, by the improvements here announced in the size and appearance of the publication. All subscribers to the new series will regularly receive their numbers free of postage.

Philadelphia College of Medicine.

The announcement for the next session of this School is accompanied by a full report of the Corporators, and a catalogue of the alumni of the College during the five years of its existence. By this document it appears that already the matriculants of this young school number 1002, of whom 278 have graduated. The double session during the last year shows 212 students and 63 graduates, which betokens great prosperity.

The re-organization of the Faculty, will doubtless contribute to promote its still greater success. We observe that Dr. Van Dyke takes the chair of Medicine, which includes Institutes and Practice; Dr. Bryan is transferred to Surgery, Dr. Fickhardt to Materia Medica, and Dr. John K. Mason is appointed to Obstetrics. Dr. McClintock retains the chair of Anatomy, and Dr. Carr that of Chemistry, in both of which departments these gentlemen are known to excel. Professor Goadby is appointed to the new chair of Histology, and David Paul Brown, Esq. to that of Forensic Medicine.

Such an array of talent as is now presented by this college cannot fail to add to its reputation, and commend the school to the confidence and favor of the profession and the public.

"The Lowest Deep."

The N. W. Medical and Surgical Journal of Chicago, is out in defence of the Rush Medical College, against the charges of the Faculty of the Indiana Medical College at La Porte, to which reference was made in our last number. The following precious disclosure has been the fruit of the strife for students between these two medical schools, in cheapening medical education.

It seems that an agreement was made between these two colleges, the fees of each being \$65, that all students should be required to pay at least one half this sum, viz. \$32½ in advance, and give a note with approved security for the balance.

Within thirty-two days of the date of this agreement, the La Porte college violated the agreement by procuring a law authorizing them to take two students from each county in Indiana for half price, on a certificate from the pauper commissioners that they were poor and worthy. This certificate being taken as cash, and *credit* given for the other half of the fees, nullified the aforesaid agreement which was designed to prevent either college from receiving any student without paying one half the fees in advance. Whereupon we are told "on the discovery of this trick" the Chicago college lowered their fees to \$25 for a full course. The secret of this cheap manufactory of doctors is now out. Oh tempora! Oh mores! What are we coming to?

Literary Piracy of Dr. Bedford.

A correspondent calls our attention to several cases of wholesale plagiarism, showing that Dr. Bedford is not "alone in his glory." The worthies he names as meriting a place among the imitators of the "Professor of Gas," are Dr. Bostwick's piracy on Ricord;—Dr. Ross's *original* work on Health;—the celebrated Dr. Fitch, on Consumption;—and the late book on Medical Alchemy, by that prince of humbugs, Doctor B. Brown Williams! neither of whom could make a book except on the principle of Dr. Bedford's lecture, and the world renowned vender of brooms; the latter of whom confessed that the reason he could undersell his rivals was, that while "*they only stole the stuff, he stole his brooms ready made!*"

Dr. Bedford's Organ, again!

In another part of this paper, we have inserted the *Northern* and the *Southern* repudiation of this filthy sheet. In further corroboration of the universal execration of the profession, which we predicted from the contemptible trash with which its columns are filled, must soon overtake it, we give place to the following

spontaneous rebuke from the estimable editor of the New Jersey Medical Reporter. The italics are our own.

"*Nelson's Northern Lancet.*" We must respectfully decline any further exchange or communication with this Journal until it is prepared to pursue a course different from what it has of late. Month after month we find it filled, in both the editorial and correspondence department, with *vituperation and abuse* of honorable members of the profession in different sections of the country. We are sorry it has thus forsaken the legitimate path of a journal devoted to the interests and advancement of a benevolent science, and sold itself to a course calculated to degrade that science in the eyes of its enemies. We are sorry, too, to find (admitting the fairness of the *Lancet's* 'correspondence' list) that so many have found their way into the profession who, by anonymous communications, are ready to uphold it in so disreputable a course. The loss of such men from the subscription lists of journals legitimately devoted to the interests of science is a *gain* rather than a loss.

"We take it that the horde of anonymous contributors to the *Lancet* are graduates principally of the *University of the city of New-York*, and hope, for the prosperity of that Institution, that that journal is not a 'by authority' defender of its acts and doings."

Medical News.

Two new Medical Colleges are announced, viz.: one in Cincinnati, called the Miami Medical College, of which Dr. Mussey appears to be the head, and another at Savannah, Georgia, with which Dr. Arnold is connected. This makes forty-three in the country, if we have been able to count them accurately, without including the Eclectic, Homœopathic and Feminine colleges.

We regret to learn that the continued ill-health of Dr. John G. Adams, of our city has constrained his retirement from the Medical Times, as editor and proprietor. Dr. Bulkley assumes the conduct of the journal after this date, as announced in the last number.

Dr. A. K. Gardner of this city has lately received the degree of A. M. from Harvard University. This honorary mark of distinction is worthily bestowed.

Dr. R. E. Rogers of the University of Virginia, and brother of the late incumbent, has been appointed Professor of Chemistry in the University of Pennsylvania. We had supposed that this chair would have been filled by our fellow citizen Dr. Draper, rather than that he should continue in the sinking ship here. But Dr. Rogers is an able and estimable man who cannot fail to sustain the reputation he has already acquired in his new position.

A quack doctor is under arrest at Newark, New Jersey, for propagating the small pox by inoculation. He has very properly been committed for manslaughter.

Dr. Brown Seguard, of Paris, proposes a course of lectures in this city on electro-physiology, illustrated by numerous vivisections. The editor of the Times humane-

ly suggests that the animals thus sacrificed at the shrine of science, be first subjected to chloroform.

Dr. Pulvermacher's portable hydro-electric voltaic chain is about to be introduced to the profession of this city.

The Tannate of Quinine is introduced into the Parisian Codex in consequence of the favorable report of the Academy, after a trial of its virtues. It is said to be preferable to either the Sulphate, or the Bark itself. De Luc & Co. have it on sale.

College of Physicians and Surgeons.

The suit at law against the Trustees and Faculty of this College, for refusing to admit a colored young man to their graduating class, came before the Hon. Judge Edmonds of the Supreme Court, a few days since, and elicited a formal opinion and decision on some point of the case, which has been published. Like some other documents recently emanating from the same source, the opinion is a little so, and a little not so, on both sides and on neither side, a specimen of non-committalism which serves to anchor the Judge himself with the plaintiff and defendant exactly abreast of "Point no Point." The judgment may be a very learned one, but it strikes us as one of the fruits of spiritual rapping, about as intelligible and useful as the revelations lately made under the Hon. Judge's name from the ghost of William Penn, and sundry other spirits of the departed.

Surgery in the Country.

That veteran in the profession, Dr. A. Trowbridge, of Watertown, New-York, since the year 1809, has performed the operation of lithotomy eighteen times with uniform success; and has recently performed amputation for the eighty-eighth time, within the same period, nearly all of which have been successful. So much for country surgery, which will compare favorably with the best statistics of city surgeons any where.

Rev. Dr. Van Kleeck's Address.

The following brief extract is inserted from the discourse pronounced recently at the funeral of Horatio Walsh Brinsmade, the lamented son of the estimable Dr. Brinsmade of Troy.

"There lies before us a young man, who was just entering upon life with high hopes and bright prospects—an only son, an only brother, cherished and doated on as few are loved—one who from childhood has been all that fond parental pride and love could wish, endowed by nature with fine powers of intellect, which were well cultivated and developed by diligent study, and a thorough education—one who through his college course maintained a character free from reproach, and was alike respected and beloved by his instructors and companions—one of warm affections, 'tuned to finer issues,' formed for the highest, holiest sensibilities

of love and friendship, and who was prized and cherished as a friend by many a noble and ingenuous youth—one who was not only free from the vices to which his age and circumstances were exposed, but even from youthful follies, too—his tastes pure and elevated, his wishes moderate, his views true and just—he was conscientious, noble, high-minded, honorable, and as well fitted to adorn as to enjoy the life which God had given him.

"He had chosen for his future course in life the medical profession, and had entered on its high pursuit with diligence and ardor. In one short year he had so commended himself to his instructors, and made such rapid progress and proficiency, as to give high hopes and good promise of success and usefulness. And here, in passing, let me say of this high and honorable calling, that it is second only in importance and in dignity, to the sacred ministry of the Gospel and the church of Christ. It shares with us the best opportunities of seeing and knowing the wisdom, goodness, and power of God, in that 'we are so fearfully and wonderfully made,' and in all the mystery of life and of death. It is brought with us into close, familiar, and endearing contact, with many and affecting scenes of sorrow, and of suffering, well calculated to draw out the finer feelings and tenderest sympathies of our common nature, and it is called with us to tread with silent, solemn step,—

'The chamber where the good man meets his fate,
'Privileged beyond the common walks of virtuous life,
'Quite on the verge of Heaven,'

and there may see, appreciate, and admire the power and consolations of religion in the weary hours of sickness, and on the bed of death.

"If the poet said with truth—

'An undevout astronomer is mad,'

then how sad, how strange the anomaly of one well taught in all the laws and mysteries of human life, disease and death, and ever conversant with scenes of sorrow and of suffering, and with the need and power of Christian faith and hope, and yet careless, undevout, and unbelieving. Would to God that all the members of this honorable profession were not only skilful and beloved physicians of the body, but humble and devout believers in the truth and faith of Jesus Christ. They thus might be with us, our fellow workers and fellow helpers, unto the Gospel of God, and turn to good account that tender love and full implicit confidence, which is their recompense for kind and faithful services. By timely warnings of danger, which would be from them received and heeded, by opening up the way for us, and commending to the sick the soothing and sustaining power of prayer, and judicious services and consolations, or by a word in season, of exhortation and of comfort, which would aid their treatment of the body, and elevate each member of the healing art to the high dignity and privilege of 'a physician of the soul,' they might do much, very much, to soothe the fainting heart, restore the failing flesh, give to the body health, and profit to the soul. Such a physician, had his life been

spared, we have every reason to believe our young friend would have been—adding to knowledge, judgment, and experience of mere human power, the skill and kindness of a tender sympathy and christian faith.

"But soon and suddenly there was discovered that an insidious worm, at the root of this high health and manly form, had begun its fearful work, and a chilling blight, and dark and gathering shadows came over these bright prospects and these budding hopes. A short, but weary, illness of four months, of alternate fears and hopes, have weakened his strength in the way, have broken off his noble purposes, and our fond hopes, and here he lies, with only twenty summers o'er his head, and we are gathered in sorrow and sadness, for his early burial."

Burns and Scalds.

There is no practical subject in our profession, in which the disastrous and fatal effects of mal-treatment by medical men, as well as the mischiefs of popular ignorance are more apparent, than in the remedies resorted to in the cases of scalds and burns, now unhappily so frequent in our country, by reason of the murderous recklessness of human life in the men entrusted with our public conveyances, in which steam is employed.

So long ago as 1830, in the first American edition of Cooper's Surgical Dictionary, published by the Harpers of this city, we took occasion to urge upon the profession and the public, the importance of a better philosophy and practice in the medical management of the mischiefs resulting from such accidents, than that usually in vogue. We then stated the results of our experience for ten years in the treatment of scalds and burns by the instant application of wheat flour, an article always at hand, and the perseverance in this application alone until all the acute inflammation had subsided. Our theory and practice thus promulgated, was approved and recommended in the then forthcoming edition in London, by Mr. Samuel Cooper himself, and has since found its way without credit into numerous publications at home and abroad. Even in the late Therapeutical work of Dr. T. D. Mitchell of Philadelphia, this identical practice is ascribed to Dr. John Thomas of England! who in 1832 called the attention of the profession thereto as we are told in the Ohio Medical Lyceum; two years after our publication as aforesaid, and twelve years after our testimony to its efficacy had been published.

But waiving the unimportant subject of priority, we are grieved to learn from the public press that such multitudes are annually perishing by scalds in steam-boats, and from burns by camphene, spirit gas, and otherwise; nearly all of whom, however severely burned, we do not hesitate to say might be preserved from a fatal result if this simple practice were adopted immediately after such accidents. Instead of this however, we hear of the application of *cold water, lead water, molasses, oils, cotton, "pain extractors,"* &c. &c. accompanied

almost uniformly by the death of the sufferer, and often "after lingering in excruciating torture" for days or hours.

Now it ought to be promulgated to the profession, and for humanity sake to be known to the whole people, that in any case of burn or scald, however extensive, all the acute suffering of the patient may be at once and permanently relieved, and that in a moment of time, by sprinkling over the injured surface a thick layer of wheat flour by the hand, or what is better, by a dredging box. Every vestige of pain produced by such injuries is instantly removed, and the sufferer not only escapes the shock to the nervous system accompanying such torture, but will generally fall into a quiet sleep the moment the atmospheric temperature is thus excluded from the wounds.

Why then should persons thus injured be allowed to die with intense agony, occasioned by burns and scalds, as they often do, if not without treatment by the applications so often made, many of which augment their sufferings, and render such injuries irreparable. Even in the late explosion on board the Reindeer, it is said that many of the scalded lived for hours, suffering all the time from their external injuries, and then treated with raw cotton, lime water and linseed oil, &c. &c. until they were dead. Not a pang need have been endured beyond the time necessary to apply the flour, which must have been at hand, if the ignorance of their friends, and the antiquated prejudices of their medical advisers, had not led them to rely upon the miserable substitutes which superstition has canonized for centuries. And so, we affirm of every case of burn and scald, even if the entire surface has suffered.

In the New-York and Bellevue Hospitals this mode of treating burns has been long in use; until recently, as we learn, the same object has been effected at the former institution by the analogous method of covering the injured parts with a mucilage of Gum Arabic, so as to protect the denuded surface from the atmosphere, and which the surgeons there prefer to the flour in some cases, where the weight of the latter becomes an inconvenience. To this method we make no objection, but having for so many years employed the flour alone, to the exclusion of all other agents, and in every variety and extent of injuries by fire, we have thus reiterated our testimony, and as this agent is found in every house, and can be instantly procured with more readiness than any of the other articles named, we give it the preference over all others. And we repeat our full persuasion that not one in a hundred of those perishing by burns and scalds, need succumb under their injuries if they were at once, or as soon after as may be, covered with wheat flour. We have applied it successfully, after numerous other remedies had been unsuccessful, and when many hours had elapsed after the accident. To give this suggestion to the people, and scatter it broadcast over the land, will save a multitude of lives in a single year.

Cholera.

We must decline the articles sent us on this subject as their insertion would do no good, and their publication might possibly help the panic-makers, of whom there are many who might be better employed. A few sporadic cases, and these generally amenable to rational treatment, are all that have appeared in New-York during the present summer. There has been no semblance of an epidemic visitation, nor can there be any just ground for anticipating it now, notwithstanding the sad condition of Rochester, Buffalo, and other Western towns in the state.

The only fatal cases we have heard of in New-York this year, are the score or more which have occurred among the inmates of Bellevue Hospital, where the number of deaths by Cholera have exactly equalled the number of cases; which is not to be wondered at, since they were all victimized, as it is said, by the "saline treatment," the mischiefs of which have been proved to be worse than the Cholera. From the latter, recovery is possible sometimes; from the former, never. Surely some men are behind the age.

Mr. Wolfe's Circular.

The following is a copy of a Circular letter, which has been extensively mailed to medical men all over the country.

TO PHYSICIANS THROUGHOUT THE UNITED STATES.

Deeming it unnecessary to remind any regular member of the Medical profession, of the established Medical properties of PURE HOLLAND GIN, in many diseases of dropsical tendency, I respectfully invite your examination to a very superior article, manufactured by myself exclusively, at SCHIEDAM, in HOLLAND, by a process peculiar to my own Factory. It is flavored and medicated, not by the common harsh berry, but by the choice botanical variety of the aromatic Italian Juniper Berry, whose more vinous extract is distilled and rectified with its spirituous solvent, and thus becomes a concentrated tincture, of exquisite flavor and aroma, altogether transcendent, in its cordial and medicinal properties, to any Holland Gin heretofore known.

Amid the influx of inferior distillations with which the market is now flooded, physicians find no little difficulty in procuring a good and pure Gin, which they can prescribe with confidence in its beneficial effects. As an importer of twenty years' standing, in the City of New-York, and possessing a matured experience in the manufacture of HOLLAND GIN especially, I beg to submit to your attention my "AROMATIC SCHIEDAM SCHNAPPS," as one which cannot fail to realize your utmost expectations, and I shall be happy to forward to you a bottle of it, free of charge, in answer to a letter intimating your readiness to accept it.

It is now scarcely six months since I have prepared and distributed my SCHIEDAM GIN exclusively for medicinal purposes; yet, within that brief period I have received numerous letters, both from physicians and patients, testifying to its really extraordinary efficacy in Gravel, Incipient Dropsy, and affections of the Kidneys and Bladder generally; and I have no doubt that it would yield similar results, with precision and certainty, in your own professional experience.

UDOLPHO WOLFE, Importer,

No. 22 Beaver street, New-York.

The editor of the Boston Medical and Surgical Journal, in acknowledging its receipt, evinces no little

hostility to the introduction of this article, as we infer from his ironical fear that the diseases for which it is prescribed will be sadly on the increase when the long concealed virtues of genuine gin are fairly made known." He thus insinuates that multitudes will take the "Schnapps" for the sake of the alcohol it contains.

We cannot forbear amusing ourselves at the idea that such fears should be expressed "down east" as far as Boston, where we supposed that the Temperance reformation had done its work so effectually that there was little danger of any relapse; much less that an old and well known medical agent could be perverted from its legitimate use, and under the pretence of disease, be employed as a beverage.

Neither the present law of Massachusetts, nor the Maine law itself prohibit, or were ever designed to prohibit the strictly medical use of alcoholic combinations, but on the contrary expressly provide for the supply of alcohol in every form, for medical purposes, by officers appointed by the state. Against the use of spirituous liquors as a *beverage* are these new laws arrayed, and hence in this aspect alone is the sale interdicted.

There can be no foundation for the fears expressed by our neighbor of the Boston Journal, for the author of the circular addressed to the physicians of the United States simply announces the manufacture of pure Holland Gin, exclusively prepared for medicinal purposes: and so far as is apparent, it is to be prescribed by medical men in the diseases to which its therapeutic virtues are adapted, and in these alone. We of the old school of physicians can distinctly remember the time when pure Holland Gin was regarded as a valuable and highly useful article of the *Materia Medica*, and prescribed with confidence and success in a great variety of diseases. And though we have lived to see the article pass almost out of use by physicians and patients, yet this is to be ascribed to the fact that it has long become next to impossible to procure the genuine article, which has been substituted in commerce by vile compounds of alcohol with the oil of juniper, turpentine, &c. and sold as Holland Gin, though found on trial, not only to be destitute of the medical virtues known to reside in the pure article, but to produce injurious effects upon the stomach, kidneys and bladder. Hence the medical use of Gin has been to a great extent abandoned, and physicians have substituted tinctures and decoctions of Juniper in combination with other diuretics, and this for the sole reason that the pure and genuine article could not be procured in this country.

The object of this circular of Mr. Wolfe is to re-establish in the profession, their long lost confidence in HOLLAND GIN as a remedy of great efficiency, by announcing an article of so pure a character that they may be assured of finding it reliable, and possessing all its ancient curative properties, which will be exemplified by the trial which he invites, and for which he liberally supplies medical men disposed to test it by experiment.

As he claims to prepare it by a peculiar process of

distillation, employing only choice and superior materials, procured only at his manufactory at Schiedam in Holland, he has given it the name of "Aromatic Schiedam Schnapps" to protect the reputation of his manufacture by distinguishing it from all spurious imitations or counterfeits, falsely assuming the name of Holland Gin, but having no claim to any medical or curative virtues.

For ourselves, we know nothing of the merits of Mr. Wolfe's article by personal experience of its use, and mean to give it a trial. But we do know that pure Holland Gin in former years, has, under our observation, given salutary and highly useful results in various diseases. And if this new manufacture shall prove itself on trial to be equal to that formerly in vogue, among physicians, in quality and utility, the profession and the public will be under obligations to Mr. Wolfe.

Gleanings from the Philadelphia Medical and Surgical Journal.

A new school to teach Dentistry will begin its first session in Philadelphia in October next. We know some of the members of the faculty, and feel certain that they will sustain the dignity of the College. Quere: Are Dentists who graduate in Medical Colleges, but do not practice medicine, doctors? And if so, should they be admitted to membership in County and other Medical Societies?

Dr. Martin complains that no public honors await even the most successful medical men. Would honors or titles from Government stimulate medical men to greater labor in their profession? or add to the dignity and usefulness of medicine by attaching greater talent to its ranks?

The Medical Colleges throughout this great country are mustering their forces, re-organizing their faculties, sending their announcements abroad on the wings of the wind, and the race for students and pelf is daily becoming warmer and more exciting. "Competition is the life of business."

Dr. Styles, of Claiborne, Mississippi, took strychnina, in mistake for quinine, and died almost instantly.

The water-cures around Philadelphia are going down. A very fine one a few miles out of town is shut up, and the buildings and grounds are for sale. "Unto all things there is a time and a season."

Medical College of Georgia.

This institution, located at Augusta, Geo. enjoys an enviable reputation, which has been merited by the dignified course it has ever pursued in maintaining the character and honor of the profession. As at present organized, the Faculty enjoy in a high degree the public confidence, and have the favor of the profession throughout the State, and the entire South. A rival college is projected at Savannah, but it will be long before it can rank with its senior in popularity or usefulness.

Spina Bifida.

The *Medical Times* for August contains an article on this subject by Professor Post, which is defective and erroneous. Had he looked into the American edition of Cooper's Surgical Dictionary, he would have learned that this disease was cured by *excision* as long ago as 1811, and that the merit belongs to an American surgeon, Dr. Sherwood, of Rutland, Vermont.

New Jersey Medical Reporter.

Dr. Parish has an editorial on the use of Strychnine as a tonic, illustrated by reports of cases which appear to sustain his opinions as to the value of this remedy, employed with this therapeutic intent. He uses it in doses of one-twentieth of a grain.

We take occasion to say that this journal is about to enter upon the sixth year of its existence, which affords no small evidence that it is appreciated by the profession as it deserves to be. We regard its monthly receipt as among the best of our exchanges, every number containing matter of practical value.

American Journal of Dental Science.

Drs. Harris and Blandy, of Baltimore, are the editors of this quarterly, which is conducted with marked ability, and appears to be well sustained by the number and character of its contributors. Its circulation among the fraternity cannot fail to be useful.

Parsimony of Publishers.

The last number of the *Medical Examiner* contains a "palpable hit" at the publisher of the two numbers which have appeared of Bernard and Huette's Manual of Operative Surgery. The reviewer complains that the copies sent to the editors of the medical journals are "in mourning," being without the "colors" to the plates, which they are expected to introduce to their readers. He facetiously remarks that he "confesses to some weakness for the *feathers* along with the *fuss*, and expects to see a book in the best dress that belongs to it."

A neighboring contemporary of ours called on this same publisher to examine his stock of foreign books, and was shown a copy of the first number of the work in question, with colored plates. While looking at it the publisher solicited a good notice of it in the forthcoming number of his quarterly, at the same time apologizing for not presenting a copy for the purpose, by assuring him that this usual courtesy had to be withheld, as he could not afford it! The uncolored copy sent to our friend at Philadelphia was therefore a stretch of liberality, for which he should be truly grateful.

Such littleness merits reprobation for its bad policy, and is never betrayed by any *American* publisher. They are wiser in their generation, and hence never begin a work without being able to finish it.

On the Blood and its Changes.

BY RODOLF HAAS, M. D.

Late Physician in the Hungarian army, and formerly Professor in Vienna No. 3. [Continued from page 235.]

If there is a deficiency of iron in the blood, the quantity of red particles decrease, and on the contrary. Such are the causes of the increase and decrease of the single parts the blood is composed of, and of the changing proportion of those parts; we shall now proceed to investigate especially the causes by which in single diseases such changes are effected in the blood:

In *inflammatory fevers* we find red particles, chloride of sodium and water diminished, but fibrin and fatty matters are constantly increasing. All those changes are the consequences of the *increased activity of the heart*, which will be comprehended in the following: That the quantity of red particles must decrease if they are often pushed through the capillaries, while the resistance of the latter is unchanged, has been explained above; in fevers both conditions are present, the resistance of the vessels is normal, and the contractions of the heart being oftener, the blood is oftener pushed through the capillaries, and the red particles oftener exposed to the friction which the latter exercise upon them, the quantity of red particles must consequently decrease. But for explaining the ways that by an increased activity of the heart, an increase of fibrin and fat, and a decrease of chloride of sodium and water is produced we have first to show that by an increased activity of the heart the exudation of bloodserum is prevented. The exudation of a fluid through the coats of a tube can be prevented in a double way; either by the coats themselves if the pores are too small to allow a passage to the particles of the contained fluid; or even if the pores are not too small, the exudation can be prevented by some solid body, if that presses upon the walls of the tube, so that there is no room between the walls of the tube and that body for the fluid to pass unto; such is the case with the capillaries of solid organs, if they are very much extended; for the capillaries are everywhere surrounded by tissues, in the muscles by muscular fibres, in the nerves by nervous fibres, &c. but the surrounding fibres do not touch immediately the capillaries, but there is room left between for receiving the exuded bloodserum, which furnishes nutrition to the tissues. But the more the capillaries are distended, the more the room between the walls of the capillaries and the fibres of the tissues must decrease, if the latter are not distended also in the same proportion; if the capillaries are distended so much that their walls come in immediate contact with the tissues, no exudation of blood can take place, no room being left into which blood could exude. It follows that in solid organs the exudation of bloodserum is the more diminished, the more the capillaries are extended over the normal degree, and if the walls of the capillaries touch the tissues, exudation is entirely stopped. That is to be seen with the microscope in the first stage of inflammation, which

consists in an over-distension of the capillaries joined with a perfect suppression of exudation, though the capillaries being more distended, more blood ought to transude through the enlarged pores, but that cannot be effected for want of room, the fibres of the tissues touching the walls of the vessels; even those thin tissues, in which the circulation of blood is observed are able to prevent exudation; only after a stoppage of circulation took place, when the blood pressed by the heart cannot run from the capillaries into the veins, it must transude, in spite of the fibres of the tissues pressing the walls of the vessels; the tissues must give way to the pressing force of the heart; before the stoppage of circulation in that part, the blood pressed by the heart runs for avoiding that force from the capillaries into the veins, but now that way being shut up, the blood has no other way only to penetrate through the pores, and to extend the neighboring tissues, which causes the swelling. Henle is very much mistaken, asserting that in the first stage of inflammation, in the moment of congestion, before the stoppage takes place, exudation is also carried on, though we do not see it. [Henle *rationel. Pathol.* Vol. 2, pag. 465.] That is the difference between congestion and inflammation in regard to the results, in congestion there is no exudation to be carried off like in inflammation. In fevers the vessels are distended over the normal degree; that is proved by the flushed countenance and the puffiness of the whole body; the flushing is the consequence of the blood's shining through the walls of the capillaries and the epidermis; but certainly the walls of the vessels must be nearer to the epidermis than in normal state. The puffiness is also caused by the over-distension of the vessels, which force the skin to give way and to extend. That puffiness is not caused by an increased exudation of bloodserum like in dropsy; for in that case the color ought to be also like in dropsy pale, from the serum which is white. But being of a redder color than in the normal state, less serum must intercede between the vessels and the epidermis; the vessels must consequently be much extended. Although the color of an inflamed part is very much red, which is caused by an exudation, but there the exudation contains much of the coloring matters, and such an exudation is never observed before the stoppage took place, and in fevers there is no stoppage, except in the inflamed part. Like the capillaries of the skin press the skin, so the capillaries of other tissues do with the tissues where they exist. The over-distension of the capillaries is caused by the increased activity of the heart: an elastic tube through which a fluid is pressed will be the more distended, the more force is applied. It follows that in fevers the exudation of bloodserum is either very much diminished or entirely interrupted. But that is not the case in secretoriorious organs, as there the capillaries are lying on the side of secretoriorious vessels, [sacci coeci] the machinery of all secretions, which vessels have a diameter several times larger than that of the capillaries. The smallest secretoriorious tubes, name-

ly, those of the liver and kidneys, are still several times larger in diameter than the capillaries. [Muller, *Physiol.* page 428.] In such organs the exudation cannot be prevented by the walls of the secretoriorious vessels. If an elastic vessel, through which a fluid is pressed, and whose pores are large enough to allow a passage to the fluid, touches the walls of another elastic vessel, which is empty, [for as such the secretoriorious vessels, from which the secreted fluid is constantly carried off, are to be considered,] the fluid will penetrate through the coat of the vessel, and will compress the other empty one. The same is the case with the secretoriorious vessels in fevers, the exudation is here but very little diminished by compressing the hole of these vessels. That is a point of great importance for discerning nutrition from secretion, there were nutrition is interrupted, secretion can still be carried on. That is the case in fevers; the heart is pushing the blood through the vessels with a force which exceeds the normality, so that the blood forces the capillaries to distend over the normal degree; the walls of the capillaries come in that way in immediate contact with the adjacent tissues, and no blood can exude where those tissues are solid, but it exudes there where the adjacent tissues are hole, which is the case in secretoriorious organs, here too the secretoriorious vessels are somewhat compressed and their hole diminished by the over-distension of the capillaries, and for that reason the secretions cannot be carried on upon the normal scale. The cause that the quality of the secretions are also changed, containing more organic parts, and less water and chloride of sodium, than in the normal state, is also to be found in the over-distension of the capillaries. For through large pores more organic parts exude, and less water and dissolved salts, according to the above mentioned experiments of Liebig a. o.

It follows that in fevers the exudation of bloodserum is either entirely suppressed or very much diminished, except in secretoriorious organs, when exudation is but very little diminished. We have now a thorough explanation of the alterations the blood undergoes in fevers. We have proved above that where exudation is prevented fibrin must increase, being constantly formed of albumen and not expended; albumen increases too, if food is taken in normal quantity, but as albumen is expended partly in the vessels, it cannot increase in the same proportion as fibrin does. In fevers very little or no food is taken, scarcely sufficient to replace that albumen which has been expended in the vessels in the formation of fibrin and red particles. But water must decrease still in a higher degree than albumen. For the expenditure of water is carried on but in a small measure less than in health, as the secretions are but a little diminished, and its transformation in vapors is effected upon the normal scale; and as water is supplied not only by potion but also by food, and the latter is taken in fever in a very small quantity, it is easily seen that much more is expended by evaporation and secretion than is supplied. In health, in 24 hours, about 7 pounds

of water is carried off. 32 ounces by the skin, the same quantity by the kidneys, 15 ounces by exhaling through the lungs, a considerable quantity is lost with mucus, saliva and feces. Supposed that in fevers only 4 pounds are lost, the quantity of water must decrease in the blood, as 4 pounds of water is very rarely taken by drinking alone. Chloride of sodium is also expended in the secretions, and not being replaced by food, its quantity in the blood must decrease. Although it is less expended than in health, but it is still less supplied, as sometimes no food at all is taken in fevers; water also is expended in all the ways as in health, but not in all in the same measure; but it is supplied only by drinking of water, and very little otherwise, its supplies are therefore in fevers less than its expenses; albumen is not expended in the same degree as in health, its principal expenditure being transudation into the parenchyma, which is either checked or entirely interrupted; but the expenditure in the vessels is carried on in fevers like in health, but as its supplies are either very small or none, as either very little or no food is taken; and according to that its quantity is either equal to normality, or less, the latter is the case, if no food, neither so much as to restore its loss in the vessels, is taken. Fibrin is in the most cases not at all, or but very little expended, its transudation being either interrupted or diminished, and being formed in the same quantity as in health, its supplies exceed its expenses. If in inflammatory fevers the supplies of fibrin exceed its expenses, the supplies of albumen are either equal, or but very little behind the expenses; but the supplies of water and chloride of sodium are much less than their expenses; it is a matter of course that the relative quantity of fibrin must increase over that of albumen, water and chloride of sodium, and that of albumen must increase over that of water and chloride of sodium. The decrease of red particles has already been explained, to be attributed to the increased expenditure by their being pressed oftener through the capillaries.

We have still to explain why in typhus-fever and other toxæmic diseases, although there as well the activity of the heart is increased, nevertheless the red particles are found in larger quantity, albumen also is somewhat more than in health, while fibrin is in decrease. We have only to recall in mind the principles above asserted for comprehending the exceptional position of toxæmic diseases. Being established, that the red particles are spoiled by friction which is exercised upon them by the walls of the capillaries, it follows, that the more the walls of the capillaries resist to the intruding red particles, the greater will be the damage, the red particles have to suffer, and on the contrary. In typhus fever and other toxæmic diseases the vessels have but little strength to resist to the propelled particles; that is denoted in the softness of the pulse; we feel the coats of the artery soft, its distension, which is felt upon the finger, is very quick; that shows its weak resistance to

the propelled blood. That weakness of the vessels is a common character of all toxæmic diseases, in a high degree evolved, and that is the cause of the expenditure of red particles being diminished, and as they are formed in the same quantity as in health, and are less consumed, their quantity must increase.

The decrease of fibrin is also the result of the action of poison. There are influences able to convert fibrin into albumen, which is done by depriving fibrin of its coagulability, the only character by which it is distinguished of albumen. Such are:

1. Stomach juice, as it has been mentioned above, it transforms fibrin into albumen.

2. A high degree of electricity, which is proved by the disappearing of fibrin from, and the slight increase of albumen in the blood of persons killed by lightnings.

3. Chlorid of Sodium with the simultaneous application of electricity; that is proved by the experiments of Matteuci, who produced artificial digestion of meat by the application of those agents, and the principal operation in digesting meat is to convert fibrin into albumen.

4. Different poisons seem also to convert fibrin into albumen, like the stomach juice and electricity. That is rendered probable by the fact that in various narcotisations and poison-diseases, as poisoning with opium, hydrocyanic acid, typhico-miasma, scurvy miasma, etc. fibrin is very much diminished, even the existing fibrin is much softened, and is like newly formed fibrin. It must be that the poisons injure the coagulability of the fibrin, so that no new fibrin could be formed, and the old one lost too partly its character; but depriving fibrin of its coagulability is converting it into albumen. We can learn from that fact, that there is a similarity of action between narcotics and electricity; both agents having a similar influence on fibrin, why should they not have a similar influence on the nerves.

In short the series of changes of the blood in inflammatory, typhus, and other toxæmic fevers, is effected in the following way. In inflammatory fevers a local inflammation, which always is the cause of an inflammatory fever, produces by the law of irradiation and reflection of the nerves an increased activity of the heart, by which the blood is oftener thrown through the capillaries, and thus the bloodcorpuscles are oftener brought into conflict with the walls of the capillaries, and oftener exposed to friction, by which their quantity must decrease; by the same increased activity of the heart, the capillaries are over-distended, so that their walls touch the different textures, and where those are solid, no exudation can take place. But where those are hole as in secretorior organs, there exudation is not interrupted, but the secretion is diminished by the capillaries, pressing the walls of the secretorior vessels nearer to each other, and diminishing the hole. By that over-distension of the capillaries it is effected that the fibrin increases in proportion, 1. over albumen, as the expenditure of fibrin is interrupted, but not its formation,

and albumen being partly expended in the vessels, is not entirely spared, and its supply is much diminished; 2. over water, which is much less supplied than in health, and its expenditure being but not equal to that in health; 3. over chloride of sodium, which is also much more expended than supplied, being only supplied by food; 4. over the red particles, being more consumed than in the normal state. That is the way that the wounded arm produces an increase of fibrin, and a decrease of red particles, water, and chloride of sodium.

In typhus and other toxicemic fevers, the influences by which the proportion of the parts of the blood is changed, are quite different, and the series of the changes another. The poison acts weakening upon the nerves, and it is known by experiments, that if the nerves are weakened the vessels lose their normal tones, they cannot resist the distending force; the consequence is that less friction is produced upon the red particles; and being duly formed, their quantity must increase; besides that, those poisons act like electricity; and convert the new fibrin, which does not differ much from albumen into albumen, and the long formed fibrin is also injured and made softer.

The statement that the increase of fibrin in inflammatory fevers is not caused by an increased production of fibrin, but by its interrupted expenditure, is proved from the quality of fibrin:

1. Not all fibrin has got the same firmness, the newly formed one is softer than the older, so that we can know the age of fibrin from the degree of its firmness and consistency. [Henle *rationel. Patholog.* Vol. 2. page 122.] and in inflammatory fevers the fibrin is more firm than in health, that shows that it is formed since long; that the long formed fibrin has not been expended.

2. Scherer found in his experiments that fibrin of venous blood alone is soluble in a solution of nitric acid, but not the fibrin of arterial blood; and in inflammatory fevers is neither that soluble. That shows that the fibrin went from the arteries through the capillaries into the veins, without having exuded through the coats of the capillaries. But if the cause of the increase of fibrin would be its increased formation, we could not comprehend that the fibrin of the veins has got the quality of the fibrin of the arteries.

The statement that the exudation of blood in solid organs is impeded in fevers, can be enforced with the following arguments:

1. In the cadaver of persons who have died with inflammatory fevers we find in general a large quantity of blood in the vessels, even if they died after 10 or 15 days from the commencement of the disease, even after being bled many times. If exudation of blood and nutrition had been carried on upon the normal scale, it is impossible that after having lost so much blood, and not having taken food since so long a time, that much blood could exist in the vessels. But there is no difficulty in that, if exudation and nutrition be prevented.

2. We find the patient in inflammatory fevers weak and prostrated, hardly able to move; what is the cause of that weakness as there is a sufficient quantity of blood, and no poison has paralyzed the nerves? But if no blood can exude through into the parenchyma of the organs, no nutrition can be effected, and therefore the organs are weak, despite of the blood's existing in the vessels.

3. The secretions are diminished in fevers, the urine is scanty, the skin dry, as well as the mouth and nose, evacuations of bowels are irregular and dry. What would be the cause of the decrease of the secretions, if not the over-distension of the capillaries, by which the secretory vessels are somewhat compressed, and thus unable to secrete upon the normal scale. But if the capillaries are so much extended as to compress the walls of the vessels in secretory organs, the same must be the case in other organs too, where they touch solid tissues, and there no exudation can be effected.

4. In the reconvalescence of inflammatory fevers the relative quantity of water increases in the blood. That seems to be, as I mentioned above, very strange, during the fever less water has been removed by excretions, and scarcely any food has been taken, nevertheless the organic parts of the blood have been in proportion to health exceeding the water; and in reconvalescence, when more water is removed by urine and perspiration, and on the other part a large quantity of food is taken, and nevertheless the quantity of organic parts decreases in proportion to the water. But according to our statement that during the fever albumen and fibrin have not been exuded, and consequently not expended to nutrition, it is easily comprehended that these substances though not supplied, did not decrease, but in a very small measure. For the decrease of a substance depends on the surpassing expenses over the supplies, and therefore, notwithstanding that but very little food is taken in fevers, and thus the supplies of the organic substances have been very much diminished, nevertheless as their expenses have also been but not entirely interrupted, the supplies did nearly equal the expenses. But the contrary has been the case with water, which although being supplied by potion, did decrease, as its expenditure, which has only been slightly diminished, has not been nearly restored by potion.

But as soon as the fever ceases, that says that the activity of the heart is coming back to its normal degree, the vessels not being any more exposed to the over-distending force, contract to their normal diameter, by which the normal room between the tissues and the capillaries is regained; the exudation of bloodserum is carried on upon the normal scale, and a large quantity of albumen and fibrin is expended to the restoration of tissues which have been damaged during the fever, without being restored; the expenditure consequently of albumen and fibrin in the reconvalescence is much greater than in the normal state. For in the reconvalescence the tissues are not only restored for their daily loss, but

also for the loss of the time of the fever, when they have not be enourished; i. e. in the 6 days of reconvalescence, after a fever which lasted 12 days, fibrin and albumen is expended for 18 days. But as food is not taken more, or at least not much more than in a healthy state, not much more than necessary to restore the daily expenditure of albumen and fibrin, the quantity of albumen and fibrin must decrease; in the mentioned example the quantity of albumen and fibrin must decrease on the 6th day of the reconvalescence with the expenditure of 12 days. For having been expended through the 6 days of the reconvalescence for 18 days, and not being supplied only for 6 days, it must decrease with the quantity of fibrin and albumen which is expended in 12 days. But this is not the case with the water, which, although being more expended than supplied, is nevertheless not applied to restore for the time of the fever. It follows, that in the reconvalescence the water does not decrease in such a measure than the albumen and fibrin do, and for that reason the quantity of water is larger in proportion to those substances than in health. In our example, after 18 days from the beginning of the fever, albumen and fibrin have been expended for 18 days, and restored only for 6 days; but water has been expended and replaced for 18 days, the latter must consequently increase.

But if nutrition had been carried on during the fever the quantity of albumen and fibrin must decrease in respect to the water, the latter being supplied, and not the former substances; and in the reconvalescence fibrin and albumen must increase over the water, the former substances being supplied and expended in a normal degree, and the latter more expended than supplied.

The over-distension of the vessels is not caused only by an increased activity of the heart, but also by an increased quantity of blood in the vessels. Press a fluid through an elastic tube, the latter will be the more distended the larger the quantity of the former is, while the pressing force is unaltered. Such a state of an exceeding quantity of blood is called plethora; we find here the vessels over-distended, though the heart's action is normal, even under the normality; we see the same flushed countenance, the same puffiness, the same fullness of the pulse which is noticed in fevers. The same what in fever is done by an increased activity of the heart is done in plethora by an exceeding quantity of blood; the effect is in some concern the same, the room between the coats of the vessels and the tissues is diminished in plethora too, and the nutrition of tissues damaged. But the change of the parts the blood is composed of, is not the same; neither does the fibrin increase in proportion to albumen, nor do the red particles decrease; the cause is that in plethora, where food is taken in normal quantity, the albumen is constantly restored; even more is supplied than expended, as it is only expended in the vessels, and supplied sometimes more than in a normal degree. The quantity of red particles does not decrease, because the heart's action

is not surpassing the normality, and therefore are the red particles not more injured than in the normal state, as they are neither oftener pushed through the capillaries, nor do they meet with more resistance. But the quantity of the organic substances is in proportion greater than the water of the blood by the same cause, as in fevers, by the diminished expenditure of the organic parts.

(To be continued.)

Dr. Bedford's Organ at Plattsburgh.

The following extract from the *Southern Medical and Surgical Journal*, is an editorial by Professor Dugas, of Georgia. It expresses the sentiment of every honorable man in the profession of that notoriously infamous concern, which the editor of the *Scalpel* fitly characterizes as "Dr. Bedford's advertising sheet" for the New-York University. It is circulated *gratuitously* all over the southern and western States, as it is here, at the expense of Dr. Bedford, whose fictitious lectures constitute its staple, and as in this instance is every where spoken of in terms of contempt. Happily it is "alone in its glory," for all the medical journals of the country abhor and spit upon it:—

ANONYMOUS WRITERS AND PERSONALITIES.

We took occasion in our May number to animadvert upon the evil of Scientific Journals "allowing their pages to be prostituted by anonymous writers to the grossest personalities and misrepresentations." We stated, in reference to certain of the objectionable articles, that "their style and general bearing show them to be all written by the same pen, and to have been indited in Georgia." We mentioned the name of no person in connection with the matter, nor did we indicate the vehicle of such improprieties, preferring to leave both authors and publishers to appropriate whatever they might seem justly applicable to themselves. Of course none would complain but those who found the "cap to fit them."

Since then, we perceive that a Journal published near the frontiers of Canada is again filled with scurrilities such as could not be surpassed by anything emanating from Billingsgate—a large portion of which is evidently from the same unworthy source as the articles to which we formerly referred. We understand that this publication has been extensively circulated in this State by being sent to physicians who have not subscribed to it, and who probably never heard of it before. What relates to ourselves, individually, is too palpably malicious and contemptible to provoke any reply; and the prosperous condition of the *Southern Medical and Surgical Journal*, whose long list of subscribers is continually receiving honorable accessions, is not to be jeopardized by the vain invectives of unscrupulous calumniators. We would, however, for the honor of the Medical Literature of our country, again appeal to the Editorial fraternity to discountenance such violations of decency and propriety.

From the Transactions of the College of Physicians,
Philadelphia.

Dr. NEILL read the following—

OPERATION OF TRACHEOTOMY IN AN EPILEPTIC.

The views of Marshall Hall, which have lately appeared in the English journals upon the subject of epilepsy, have probably fallen under the notice of most of the Fellows of the College.

Every investigation of a malady so distressing, and of which so little has been known of its pathology, must be hailed with pleasure by every practitioner of medicine. Especially will this be so, when so high an authority upon affections of the nervous system advances views not only as to the nature of the disease, but also practical deductions of the highest importance.

Dr. Marshall Hall says: "This question of the application of tracheotomy in the preventive treatment of epileptic convulsion, is one involving high principles in physiology.

"As I have stated, I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic laryngismus, imminent danger of life. But the question remains—are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea. After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient as justifying the heroic remedy. The case may be violent and frightful in any degree. In what precise case tracheotomy is justifiable I do not pretend to determine. It is a matter of pure moral calculation and choice in regard to the terrors of the malady on one hand, and of the remedy on the other. Epilepsy may occur in the slightest form of mere transient oblivion, and it may occur in the gravest form of sudden and violent convulsion, dashing the patient to the ground, into the fire, or into the water, and followed by coma or apoplexy, delirium or mania, paralysis, amentia.

"The former of these attacks may be designated the *epilepsia mitior*. It comprises all that is short of laryngismus, affections of the senses, as muscae, tinnitus, the odor of musk, aura, vertigo, oblivion, confusion, loss of consciousness, nutatio, falling, various spasmodic affections of the face, the eyes, the extremities.

"Then comes laryngismus, laryngeal dyspnoea, perhaps perfect closure of the larynx, with violent efforts of expiration. This with all the other links of the dreadful chain constitute the *epilepsia gravior*; all that is on this side of the laryngismus must be unaffected by the operation of tracheotomy; all that is on that

side of this laryngismus will, I trust and believe, be prevented by its efficient institution. By tracheotomy, the *epilepsia gravior* or the 'grand mal,' is converted into the *epilepsia mitior*, or the 'petit mal.' If this, my hope, be realized, I shall deem the event a great victory achieved by physiology or theory over mere observation, and especially by that of the distal nervous system, of which it is an application.

"I may now observe, in conclusion, that I have on several occasions stated that, if tracheotomy were performed, and a tube worn in the trachea, the epileptic, the puerperal, or the infantile convulsion would be prevented, with its dire effects."

In accordance with these views I operated upon a patient of Dr. Shelmerdine, in Spring Garden, under whose care he had been for about one year, and who had tried all the ordinary modes of treatment. The following are the particulars of his case:—

John Blume, aged twenty-nine, of five feet eleven inches in height, and weight about one hundred and sixty pounds. His appearance was healthy, and he had no deformity of the throat.

His first fit occurred nine years ago, and was not referable to any particular cause by his family. He was not subject to them in childhood, although his brother had died of epilepsy.

The frequency of the paroxysms gradually increased, and for the last year he has been unable to attend to any business.

His mind has been so affected by the disease that he has frequently mistaken his way home, and often gone into the neighbors' houses for his own.

His mother and wife informed me that during the last six months he would have an attack at least every other day, but occasionally would have as many as fifteen or twenty during the day.

Life had become a burden to him, and he feared to leave his home.

His physician tells me that on the first occasion of his being called to him, he was laboring under most severe congestion of the face and neck, producing great lividity and complete insensibility; and that, in all of the subsequent attacks, difficulty of breathing seemed to be prominent.

The patient himself remarked to me that, immediately preceding his attacks, he frequently experienced a sense of constriction about his windpipe; and his friends and family confirmed the idea, that the severity of the attack was proportionate to the difficulty of breathing.

When the operation was proposed, and its nature explained to him, he was anxious for its performance, and had great expectations of its relieving him.

The operation was performed on the 11th of March last, in the presence of Drs. Shelmerdine, Marshall, Paul, and Hollingsworth.

His neck was long and well adapted for the opera-

tion. The incisions were made in the usual way, and the only points worthy of remark were—that the sterno-hyoid muscles, from frequent spasmodic contractions, were thicker than usual; and that the isthmus of the thyroid gland was so large and broad as to cover the first three rings of the trachea.

The hemorrhage was not so troublesome as might have been expected; care was taken to tie the inferior thyroid vein, and no irregular artery was met with after the trachea was exposed. A piece of about three lines in breadth was removed from the middle of the fourth ring of the trachea, and the fifth ring also was divided in order to accommodate more accurately the tube which had been provided, which was of the ordinary form of the instrument shops.

The introduction of the tube produced but little irritation and coughing, his voice was not in the least affected; but the trachea was smaller than usual, and the wound becoming so very deep after the division, that I had constructed tubes of various angles and length, corresponding with the depth of the wound. (Specimens of the tubes were exhibited to the College.)

He slept but little the first few nights after the operation, and seemed unwilling at first to trust himself in a recumbent position; but as the wound healed around the tube he became comfortable, and had nothing like a return of the complaint until the *thirteenth* day after the operation, which tendency to an attack he attributed to his removal of the tube; he had taken a slight cold, which made the tube disagreeable on that day, and he thought he would risk the night without it. The spasm was slight, and he did not lose his consciousness. About *two weeks* after this he was threatened with an attack, of which he was conscious, and mentioned the fact to his mother, who immediately removed a temporary plug which he introduced in the orifice of his tube to prevent a whistling noise accompanying respiratory movements. Upon the removal of the plug the symptoms disappeared, his breathing was comfortable, and he felt much encouraged. He began to appreciate the object of the operation, and fully believed that the means to mitigate the severity of his attacks was the removal of the plug, and that the disease was under his own control.

He made arrangements to renew his business, walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period.

Unfortunately for him, however, he was again seized on the evening of the 2d of May with symptoms of another attack. His physician was sent for, who removed the tube and cleansed it; after it was replaced the patient felt easier, but was not completely relieved. In the middle of the night he had a most violent attack, and died almost instantaneously. His physician was not with him when he died, and the family would not permit a *post-mortem* examination of any part of his body but his throat. Dr. Sheldermine

merely examined the cicatrix around the wound and the trachea. The parts had consolidated around the tube, and the trachea was perfectly healthy.

I report this case to the College, in order that they may form their own judgment upon the theory and the treatment of Marshall Hall. Few cases have as yet been reported where this operation has been performed, and I believe that this is the first case in this country in which the trachea has been opened, and a tube worn, in order to mitigate, if not prevent, attacks of epilepsy.

And, although this patient died, I still think favorably of the operation, and under the same circumstances would perform it again. His death was in no way attributable to the operation, and had not the operation been performed it might have occurred at a still earlier period. I regard the mitigation of the attacks with which he was once threatened, and moderation of the symptoms, as more satisfactory than if there had been no approach of an attack, for then the entire absence of the complaint might have been attributed to the shock made upon the system by the operation; and this operation would have demonstrated nothing more than tying the carotid artery, under which, and other violent shocks, patients have been free from attacks for a long period.

Creosote in Cholera Morbus, Cholera Infantum, etc.

Dr. D. J. CAIN states (*Charleston Med. Journ.* Feb. 1852) that in his hands "creosote has succeeded in the ordinary diarrhoea (watery gripes) of adults and children, more frequently than the class of astringents, both mineral and vegetable. But it is the two diseases mentioned above—and I lay stress upon the fact—that its greatest triumph is exhibited. Every one must be aware of the difficulty experienced in allaying the irritation of stomach, and checking the nausea and vomiting, which so rapidly prostrate the strength of the patient and place his life in jeopardy. Creosote admirably fulfils this indication, checking simultaneously the vomiting and purging, and thereby placing the patient in a favorable condition for receiving other remedies, such as calomel, etc.* Did I deem it necessary, I could adduce, in support of what I here state, a number of cases, of both diseases.

"During the epidemic yellow fever of this city, in 1849, I administered it, both internally and topically, when there was hemorrhage from the buccal cavity, bowels, uterus, etc. and it seemed to me to exert, in many cases, a good effect in both ways. Turpentine,

* In the summer of 1848, during the prevalence of epidemic diarrhoea in this city, I was called to see two patients—the one an adult male, laboring under cholera morbus, the other a child, with cholera infantum, both of whom were in the stage of collapse when I saw them. The creosote exerted a very happy effect in both cases, and warmth was soon restored by the ordinary means.

however, possessing a higher styptic property, is more valuable in such cases, as well as in purpura hemorrhagica.

"Its employment, in two cases of *flatulent cholera*, has given me great satisfaction. Indeed, I frequently prescribe it in ordinary cases of flatulence, in which aromatics are generally used, and I prefer its action to that of the latter class. It appears to expel the flatus, and prevent its further evolution, by correcting the fermentative process going on in the stomach or intestines.

"In the declining stage of dysentery, when there is much disengagement of flatus from the depraved state of the secretions of the intestinal canal, I prescribe it with a view to its antiseptic effect. In short, I have found it serviceable in all cases of derangement of the secretions of the stomach and bowels, when there exists no phlegmasial state of those organs.

"For the relief of diarrhœa, flatulent colic, and other cases demanding a correction of the secretions of the digestive tube, I generally combine with it charcoal and creta ppt., or bicarb. soda. The charcoal I regard as a valuable adjunct to the creosote. It results from the experiments of Dr. Garrod, that charcoal possesses the property of separating acid matters from their solutions, which antiseptic virtue peculiarly fits it for depriving the discharges in all these diseases, but especially in dysentery, of their irritating character—an important object in my opinion, in the treatment of the latter disease. In this affection, however, I combine it with the cremor tartar or a neutral salt.

"With the creosote, charcoal, etc. I associate a preparation of opium or of camphor, or both, when the pain is severe. It is not necessary to combine the opiate with the creosote, unless the pain is *very* severe, because the action of the latter is exceedingly mild, relieving effectually pain of ordinary intensity, apparently soothing, yet leaving no constipated state of the bowels, and no rumbling from flatus. In the latter two respects, it enjoys great advantage over the class of astringents."

Creosote in Diarrhœa.

Dr. T. M. Woodson, of Sumner Co. Tenn. states (*Western Journal of Med. and Surg.* April, 1852) that he met, in the *American Journal of Medical Sciences* for July, 1851, with the notice by Kestevan, of the efficacy of creosote in diarrhœa, at a period when that disease was rife, and he determined to try it. This, he says, he did in more than twenty cases, and found it "much more prompt and invariable in its action than any other remedy to which he had ever resorted in this complaint, and, although it is described by writers on materia medica as an irritant and narcotic, he does not hesitate to administer it where fever and dysenteric symptoms are present. It is superior to opiates, in that it does not leave the bowels constipated. It excites no nausea, nor any other unpleasant symptom. Its action seems to be stimulant and anti-spasmodic, allaying pain

very promptly, and imparting to the patient an agreeable sense of warmth in the stomach and bowels. Whether it acts directly as an astringent, or, as suggested by Mr. Kestevan, by coagulating the albuminous fluids of the alimentary canal, Dr. W. does not pretend to decide. But of its efficiency in bowel complaints, he thinks there can be no question, and in such cases it is confidently recommended by him."

Nitric Acid in Hooping-Cough and Asthma.

Dr. F. C. T. ARNOLDI recommends (*Canada Medical Journal*, June, 1852) the nitric acid as a powerful remedy in hooping-cough and asthma.

"In hooping-cough," he says, "at whatever age, whether it be a child at the breast or a full grown adult, I administer nitric acid in solution, as strong as lemon juice, sweetened *ad libitum*. I have given to a child of two years of age as much as one drachm and a half of concentrated nitric acid, in the above manner per diem, and I have never known the disease to resist its use beyond three weeks. In one instance, that of a child at the breast, only seven months old, the disease disappeared within eight days. In another instance of a young lady fifteen years of age, the paroxysms were subdued within the first twenty-four hours, and the disease disappeared within ten days. Again, in the cases of two boys about ten years of age living at a great distance from one another, who had the cough for several weeks, and to such a violent degree, that both of them had the circumference of their eyes ecchymosed, as though they had been pommelled in pugilistic combats, the acid acted positively like a miracle. A medical *confrère* of mine had four of his children severally affected with the same disease in the middle of winter; and, although they had to be kept in-doors, owing to the inclemency of the weather, they were nevertheless all perfectly cured within three weeks. I might go on to cite a hundred similar instances, but these, I am satisfied, will prove sufficient to induce the profession to adopt this treatment. As regards asthma, the use of nitric acid has proved not only in my own practice, but in that of others who have adopted it, truly marvellous."

[It will be remembered that Dr. HOPKINS, of Bethel, Georgia, in a communication published in the number of this journal for October, 1850, page 549, extols the powers of nitric acid in asthma, and relates five cases in which he successfully employed it.]

Good.

"THE PRACTICE OF ALLOPATHY."—We notice in several of our exchanges an advertisement of a large drug house with this caption, and take the liberty respectfully to call the attention of editors to it. It seems apparent that to characterize the practice of medicine as *allopathy* is to place it on the same ground as homeopaths and other *thists*; and, for ourself, we are not willing thus to be classified. We recognize but two classes among *doctors*, namely, physicians and followers of *systems*, as they are called. Claiming rank then with the former honorable body, we will not receive a title which shall confound us with the latter.—*N. H. Journal*.

Communications.

Inflammatory Tumefaction of Left Cheek.

We are indebted to Dr. Sayre, of this city, for the following case, reported by Dr. Thompson, of the Seamen's Retreat :—

Charles Lunt, æt. 30, Swede, arrived June 28th, from Havre. Admitted into hospital at the date just mentioned, for an inflammatory tumefaction of left cheek and parotid gland, of three days standing, arising, as patient stated, from "tooth ache," with which he had been annoyed for several days previous to the swollen face. Patient otherwise healthy, and of a stout robust appearance.

On admission, the tooth of which he complained was extracted and found to be ulcerated; there discharged in cutting about the tooth a considerable quantity of fetid pus. After extraction of tooth a powder of calomel and rhei was given, and an emollient poultice applied to the face. The latter was continued and antiphlogistic remedies pursued, but without much relief to the pain or reduction of the swelling—when, after several days, the inflammation assumed an erysipelatous character. The affected parts were now painted with a strong solution of nitrate of silver, evaporating lotions applied, and the remedies indicated by the constitutional symptoms administered internally. This treatment persisted in, the inflammation in a short time greatly subsided, and there promised hopes of a speedy recovery. Suddenly, however, the erysipels commenced to spread, and the accompanying symptoms to increase in violence, until the palpebre of the (left) eye and parts adjacent became involved. As the disease advanced, pus was formed in several places, which was evacuated. The conjunction partaking of the contagious inflammation became swollen and edematous. The other tissues of the eye also soon became involved, and now occurred delirium and other symptoms indicative of an extension of the inflammation to the brain. This being apprehended, a vigorous revulsive and antiphlogistic course of treatment was adopted, but without much relief to the patient. The symptoms just alluded to continuing, and gradually increasing in violence, the disease on the fourth day of their occurrence proved fatal.

P. S.—I would state that the head symptoms showed themselves in some degree for a longer period than I have mentioned, but were not of sufficient violence to lead us to suppose the inflammation had extended to the brain.

Autopsy.—July 16th, fourteen hours after death—Body nearly natural. *Head.*—Appearance externally as already described. In examining the eye affected, the tissues composing it were found to be almost entirely disorganized. In the posterior chamber there was 3 ii or 3 iii. of pus, which had caused a protrusion of this organ very much forward. The inflammation extended

backward along the optic nerve, through the farnum opticum, involving the membranes and substance of the brain adjacent to the orbit to a large extent. An abscess half an inch in depth, and capable of containing 3i. of pus had been formed. The parts surrounding were of a sloughy aspect, and there was diffused inflammation of the arachnoid over the entire hemisphere of the left side, accompanied with a slight cloudy effusion between it and the pia mater. The sinuses were distended with blood, and the ventricles contained an unusual quantity of fluid. From the medullary substance of the brain on incision there issued small points of blood. *Throat:* Lungs of normal structure, but very much engorged with bloody serum, especially the left one. Heart normal.

Abdomen: Liver of pale pink color, and very much congested; spleen of a dark purple and hypertrophied. No further lesions were sought for.

J. H. THOMPSON.

To the Editor of the New-York Medical Gazette.

Tumor of the Jaw.

DEAR SIR—I send you the following case for publication in the *Gazette*, as being apt to prove interesting to some of your readers.

Most respectfully, your obedient servant,

JOHN O'REILLY, M. D.

83, White-street, 2nd August, 1852.

Mrs. Shanaghan, aged 35, residing at 11th-street, of sanguineous temperament, states that about fifteen years ago she noticed a small swelling under the jaw on the right side, which continued to increase up to the present period. In consequence of the inconvenience caused by the size of the tumor incapacitating her from following her usual employment as dressmaker, she is most anxious to have it removed.

On examination the tumor is found to extend from the mastoid process posteriorly to the thyroid cartilage anteriorly, projecting beyond the latter to a considerable extent—superiorly it is connected firmly to the angle and ramus of the inferior maxilla; internally it is deeply seated in the digastric space, and inferiorly it hangs down over the clavicle. The tumor is firm to touch and nodule, but is free from pain.

On the 28th of April, 1852, I proceeded to remove the tumor, assisted by Drs. O'Reilly and Gallaher. An incision was made, commencing at the mastoid process, and terminating at the cricoid cartilage, dividing the skin, platysma, and superficial fascia. The external jugular vein escaped being divided, another incision was carried from above downwards over the tumor. The flaps were now carefully dissected off. There was considerable difficulty experienced in dissecting of the external jugular vein, which was greatly distended, and was placed over the tumor. The sterno cleido mastoid muscle was spread over the tumor posteriorly, and was also dissected off without dividing its fibres—the tumor was firmly attached to the angle of

the jaw by ligamentous bands, and lay on the sheath of the carotid artery, being thus in close connection with most important parts. Ten arteries required to be secured. The wound was brought together by sutures and adhesive plaster, and the dressing completed by a compress and roller. The parts healed by the first

retention; there was no constitutional disturbance. At the desire of the patient chloroform was dispensed with. A section of the tumor showed it to be of a glandular character. The good health of the patient for so many years proved its non-malignancy.

BEFORE THE OPERATION.

AFTER THE OPERATION.



To the Editor of the Medical Gazette.

Letter from Dr. Watson.

DEAR SIR—Much as I am indisposed to enter into a polemical discussion with any one personally unknown to me, I can hardly avoid noticing an article in your August number which purports to be a comment on a letter of mine, previously copied into your journal from the New-York Medical Times.

The writer, signing himself P. Stewart, speaks of "misstatements," and "erroneous impressions," into which he thinks I must have fallen for want of "competent knowledge" in relation to a "vote of disapproval," passed at the meeting of the State Medical Society last winter; which vote as is generally known, was brought about by certain gentlemen connected with the colleges, and who were personally interested in defeating two memorials then before the Legislature, the one from the Academy of Medicine, the other from the physicians and surgeons of our hospitals, asking for the organization of Hospital Schools.

Now, in reply to my letter, your correspondent assures us that the "resolution of disapproval" was prepared and presented at the State Society by a county representative, and not by one of the Periodonti. Well, I admit this. I was aware of it before preparing my

first letter, and I already knew, what your correspondent should not have failed to make public in his communication, that he himself had prepared and offered the resolution. But wherein is this a repetition of the statements in my letter? In his school-boy days he must have read *Æsop* to little purpose, if he has yet to learn that the unsuspicious and confiding are often, and unwittingly the instruments, as well as the dupes, of the designing. Yet whether he has this lesson yet to learn or not, he should at least have been familiar with the good old rule in jurisprudence: "*qui facit per alium facit per se*." I do not, then, dispute your correspondents agency in bringing forward the resolution; but the trap had been already set, and if his hand had not been used to spring it, others would doubtless have been ready for the purpose.

Again, your correspondent assures you, that, though his resolution was not presented until most of the members had left the meeting, it was distinctly read by the secretary in the presence of several of the city delegates, among whom he specifies Dr. A. H. Stevens, Dr. Rockwell, and Dr. Alonzo Clark. But here, again, he is at fault. The first two of these gentlemen had already withdrawn, as had also every member of the city delegation not directly connected with the

colleges. As to Dr. Stevens, whatever views he may have advocated at Albany, I know that before leaving this city, he was anxious to have it publicly understood that the law for the organization of Hospital Schools, as proposed in the two memorials, met with his hearty approbation. As to Dr. Rockwell, he has no hesitation in asserting that the resolution in question "was sprung upon the city delegates like a trap at the last moment," when it was out of their power to expose the iniquity of the measure. If your correspondent had seen, as he intimates, the original memorials then before the legislature, he must have seen appended to them the names of both of these gentlemen. But your correspondent refers also to Dr. Clark. He could, perhaps, in no other way have so clearly shown how thick is yet the seal upon his eyelids. He ought at least to have considered that Dr. Clark, as president of the society, should have nothing to say, for or against any resolution; that Dr. C. is a permanent member and not a city delegate; that he is a professor, and of course, in no way interested in effecting any changes in the present order of things; and, above all, that he is not a New-Yorker, for he is here only in the winter time, and is not even a resident of the state.

With these remarks, then, I must still take issue with your correspondent on the question of "competent knowledge," as well as upon every other point for which he has attempted to call me to account; and whatever may be his impressions to the contrary, I again assert, that the vote of disapproval was brought about by gentlemen connected with the colleges, who had every thing their own way, and who made it appear, both in the society and elsewhere, that the proposed law for the organization of medical schools in connection with our large hospitals, would lead to the establishment of a medical college at every country almshouse in the state. And for this assertion, without referring to any of the city members, I have the authority of members from the interior counties, who were present at the meeting, and who, without seeing the memorials, were by this argument misled to vote for Dr. P. Stewart's resolution against them.

As to the expression of individual opinion in favor, or against the establishment of Hospital Schools, I have nothing to say. Not slow in giving utterance to my own views, I would be the last to place restriction upon other individuals. But this is not the point at issue. What I particularly object to is the clandestine assumption of authority by this metamorphosed association, to act officially as the medical council of the legislature, placing itself, every winter, between the legislature and the public; prejudicing that assemblage against every proposal that does not look directly towards the personal interests of certain members of the society; seeking the publication of its proceedings amongst those of the legislature, and in such a way as to appear to be an integral part of these, thus bringing them directly before the eye of every member of the legislature, and scatter-

ing them broadcast by the agency of these political gentlemen, over every town and hamlet of the state. Herein lies the mischievous tendency of their centralizing medical junto, especially when led by unscrupulous and designing men; and herein, I think, is reason enough for the institution of a proper State Society, meeting from place to place, and made up, as in other States, exclusively of annual representatives from local associations.

In conclusion, I would in all kindness assure your correspondent, Dr. P. Stewart, that if he has found the language of my first letter acrimonious, he has not shown it to be unjust or undeserved. It may have been severe; but severe only from the gush of indignation, that the affairs of the profession in this State are to be forever ruled by narrow-minded men.

Very respectfully yours,
Jno. WATSON.
New-York, August 25, 1852.

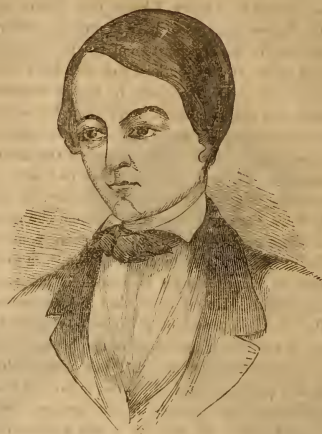
Bugling Surgery.

We have on file a report of sundry operations recently performed on a young lady for osteo aneurism in the lower third of the tibia, by a "surgical gossling," who would seem to have been making a *vivisection* for the purpose of learning to tie arteries, instead of contenting himself with his opportunities in the dead-house at Bellevue. If correctly reported the ligature has been applied successively to the anterior and posterior tibial arteries on the *distal* side of the tumor, in the unsurgical and absurd expectation that the circulation in the nutrient artery of the tibia could be thus interrupted. After subjecting the innocent sufferer to the hazard of these two experiments, the necessary failure of which ought to have been known as well before as after, she has since had to submit to the ligature of the femoral artery, which if called for at all should have preceded and superseded the two former operations, which we repeat were unnecessary, and wholly indefensible. Whatever may be the result of the last operation, it was wholly unjustifiable *at this day*, until *compression* had been tried and had failed. Recent experience has proved that a very moderate degree of compression, only *interrupting* the current of blood might have sufficed, without putting both limb and life at hazard, as has been done by the ligature.

Nor does it help the matter at all, that the *operator* was shielded by the presence and assistance of the unfledged Professor of Anatomy, who shared in the lesson thus recited on the living body in tying arteries. Nor does it shield either of them, that they took shelter and found countenance and participation in the responsibility they have assumed under the veteran Napoleon of Surgery. His lectures to his class from year to year, have taught a very different doctrine and practice; nor does the conservative surgery of the present day afford a shadow of authority for the bungling of this unheard of case. We can only hope that its victim may escape, notwithstanding her mangling, which will be next to a miracle, and for which she should thank God, and not either science or skill in her manglers.



BEFORE THE OPERATION.



AFTER THE OPERATION.

Resection of the Chin with a portion of the Body of the Lower Jaw.

By Isaac Greene, M. D. Surgeon to Bellevue Hospital.

In September last, P. M. æt. 13 years, who had been previously healthy, received a blow on the chin, which resulted in active inflammation. This nearly subsided in a few days, but considerable tumefaction continued without much pain. About the first of February a second injury was sustained by the part; from which time it more attracted the attention of the parents of the boy until about the middle of March, when I first saw the case. On my first examination I found a tumor extending from the alveolar processes of the inferior incisor teeth to the lower margin of the jaw, and producing considerable elongation of chin. The surface of the tumor was smooth and even, communicating a soft, elastic and semi-fluctuating sensation to the touch; externally the color of the skin was natural, but when examined within the lip the surface presented a dark livid appearance; there was but little tenderness on pressure, and not much pain in the part at any time. From one to two weeks afterwards I made another examination of the case and found the tumor had increased in size; and that several fungoid excrescences had made their appearance about the gums, from which some of the incisor teeth had become loosened. Perceiving the disease progressing rapidly, I sought and obtained the opinions of Drs. Mott, Goldsmith and Reese; each of whom believing the disease to be of malignant fungoid character, advised an operation for its immediate removal. About the first of April the patient left the city,

and went to the country; he returned the fore part of May with considerable extension of the disense, when an operation was appointed for the sixth of May. The night preceding the operation the tumor bled very freely.

Anæsthesia having been induced through the influence of ether, administered by my friend Dr. E. B. Belden, I proceeded to the operation assisted by Drs. Carnochan and Tompkins, in the presence of Dr. Aaron Wright, Reese and Bayley. The first molar tooth on the right side, and the bicuspid on the left, were extracted, then an incision commencing in the mesial line, about five lines below the vermilion border of the lip was continued downwards and backwards on the left side to a point at the base of the jaw immediately below the socket, from which the tooth had been taken. A corresponding incision was then made on the right side extending about three lines further backwards; the triangular flap, thus formed, was then detached from its apex to the base of the jaw. The coverings of the jaw bone being next divided at the points where it was thought necessary to separate it, a ligature was passed through the tongue, and held by an assistant, and the insertions of the genio-hyoglossus and genio and omohyoid muscles were divided with a bistoury. A chain saw was then introduced from below upwards, by which the bone was easily separated, first on the left and then the right side, and the diseased portion thus entirely removed. The patient was seated in a chair during the operation, the head being supported by an assistant, who compressed the facial artery on either side, and also

kept the mouth sufficiently dependent to keep it and the throat free from blood. The hæmorrhage was inconsiderable.

In dressing the wound at the suggestion of my friend Dr. Carnochan, a hare-lip pin was passed through the superior angle by which the muscular substance of the tongue anteriorly was kept drawn forward and attached to the external flaps—this being firmly secured—pins were inserted at each lateral angle and the dressing completed by the application of adhesive straps and bandage. After having attached the ligature in the tongue (it being a double one) to a pin inserted in the bandage on the cheek on either side.

During the whole time occupied by the operation and dressing, the patient was fully under the influence of ether. At 9½ o'clock, p. m. six hours after the operation, I visited the patient and found he had about an hour's sleep, and had drank some water; pulse 104; has vomited twice, directed cold water only for drink. Friday 7th, 9½ a. m. patient has rested the greater part of the night; pulse 104—is bright and cheerful, has had a passage from the bowels, and made water; ordered Indian gruel and cold water. 9 p. m. has had several hours' sleep through the course of the day; pulse 106—skin moist—makes no complaint except of the low diet. Saturday 8th, 12 m. did not sleep well last night, pulse 104; skin nearly natural, ordered beef-tea. Sunday 9th, sleep somewhat disturbed last night, pulse 110; skin a little dry, continued beef-tea with cold water for drink. Monday 10th, 10 a. m. rested well last night, pulse 100; removed a part of the dressing. Tuesday 11th, 12 a. m. has rested well all night; removed the pin which united the muscular substance of the tongue to the flaps, as they were found to have adhered. Wednesday 12th, removed the pins from the lateral angles. Thursday 13th, removed ligature from the tongue, it being much swollen. 15th, 16th, swelling of the tongue has quite subsided. 17th, removed all the dressings and found the wound generally united, dressed again with adhesive straps. June 2d, the patient called at my office and as the parts were found entirely cicatrized he was discharged.

August 25, the boy's general health has very much improved since the operation; the interspace in the jaw is nearly filled up by a fibro-cartilaginous formation; he speaks well, eats without difficulty, and appears entirely free from disease. The change in his appearance can be best appreciated by reference to the cuts at the head of this article, in which the artists Mr. Daniels as Limner, and Mr. Orr, as Engraver, have faithfully depicted the boy's features and expression before and after the operation.

Professor Peaslee.

[The address of this gentleman before the New Hampshire Medical Society has been published. The duties of medical men to themselves and to their profession" is the topic chosen, and as we think most ably

discussed. The following extract is inserted that our readers may judge of its merits.]

I know of no more efficient method by which we may benefit our profession directly, than by treating every regular and educated physician with courtesy and respect. The fact cannot be concealed that one of the influences most powerful in preventing the profession from rising to a higher level, is the scandalous deportment of medical men, in too many instances, towards each other. For if two physicians are reciprocally behaving in an ungentlemanly manner, or applying opprobrious epithets to each other, how should the community around them be expected to have a very high degree of confidence in either? Certainly this cannot be, unless one, or both, is believed to be falsifying in what he says of the other. And this interpretation is certainly not a very strong ground of confidence, to begin with. There is not a more humiliating spectacle than that afforded by two physicians, perhaps equally qualified and both well qualified for their profession, engaged in maligning each other, and mutually applying severer epithets than they would to any mountebank who might intrude within their limits. And how are the people, generally, to discover the superiority of scientific medicine over quackery, under such circumstances? if when one loses a patient the other meanly hints that the treatment killed him; or if the patient is saved, implies that the recovery occurred in spite of the most egregious mal-practice? We certainly never hear anything worse than this said of any kind of irregular practice. And how, I repeat, are the *people* to judge? Let us not blame them if they do not always judge correctly in such circumstances. On the other hand, let physicians treat each other with courtesy, as they treat other gentlemen; or, at all events, let them cease to abuse each other, and be silent when they cannot commend—and even a rival, who is a gentleman, can do this;—let each remember that by speaking contemptuously of a professional brother in respectable standing, he to some extent inflicts a scandal on his profession at large, as compared with other systems of practice—and we should soon see the results, in elevating our profession above all appearance of similarity to the other systems alluded to.

But we may also directly help our profession by direct efforts to isolate it entirely in the public mind from all other systems of practice; by openly avowing, on all proper occasions, an entire abhorrence of all exclusive systems; by never attending a patient in consultation with Thompsonians, Hydropathists, or Homœopathists, and not for a moment seeming to admit any real value in them as systems of practice. To submit to even an appearance of relationship to any of these systems implies a degree of self-abasement which no well-educated physician can allow himself to incur; and a decent self-respect demands that all attempts to force such an alliance should be strenuously resisted. No one can expect that the medical man, who has thoroughly culti-

vated the whole field of medical science, will afterwards retire to some small hole or corner within the same, and narrow himself down to the use of a few remedies, and these in certain peculiar forms or quantities. And why should he be expected, any more, to manifest any particular sympathy for those who do choose, or find themselves obliged, to adopt this narrowing process? We are told that when Iphicrates, the Athenian general, was pressed by an orator before the people to say what he was, that he should take such high ground, and was asked if he was a soldier, a captain, an engineer, a spy, a pioneer, a sapper, a miner? "No," said he, "I am none of these; but I am commander of them all." So the educated physician may say, "I am not a botanist, not a hydropathist; nor a homeopathist, nor of any other exclusive sect; but I am over and above them all. I know all that is valuable in them altogether, and a hundred fold more besides, of which their contracted limits have never included even the conception."

Nor should we consent for any case to visit a patient, as physicians, while under the care of any exclusive practitioner, and in his absence, though with his consent or at his request. He must have done before we can begin, if we begin at all. Still more: We may enlighten our citizens in regard to the various systems of quackery, and show the difference between them and scientific practice, in popular lectures, and by other such means, as circumstances may suggest; always, however, avoiding discussion with old women and others, who have adopted and are strenuously laboring to diffuse any of these systems; since such cannot appreciate our arguments, and we only expend both our logic and our time to no purpose. "It is useless," says Swift, "to attempt to reason a man out of a thing which he was never reasoned into."

And in this connection allow me to allude to what I believe to be the duty of the medical schools of our country in this respect, if they also would, in every way, help our profession. I hold that a diploma should in no instance be granted to a medical student who is intending to adopt either of the exclusive systems of practice I have mentioned. And I feel it my privilege to say here, that I cannot myself conscientiously sign the diploma of such a candidate; that I never have done it in either of the medical schools, with which I have been connected, nor do I intend hereafter to do it. How can I endorse a man as a practitioner, in whose method of practice I have no confidence? And how shall I answer to the community if I do this? Moreover, I hold that it is the duty of medical teachers to inquire respecting this matter of every candidate for graduation; and not admit any to examination at all, whose answers—and these to be left on file in writing, if thought best—are not explicitly to the effect that they have no intention of practising either of the exclusive methods I have named.

Nor can such students themselves complain of this arrangement. If they are sincere in their professions, they should scorn to receive a diploma from an Institu-

tion which holds their peculiar notions in contempt; and seek it—for such places, I am told, exist in this country—where these notions are taught. This movement alone, if made by all the schools, would, in my opinion, do more for the elevation of our profession and the suppression of quackery, than anything else in their power; and more than all organizations for the latter special purpose. Who does not know that homeopathy and hydropathy thrive by attaching themselves to, and, as far as possible, confounding themselves with, the scientific practice of medicine? and that they must be thrust from it, and shown in their own dimensions and proportions, before the community, generally, can obtain a correct view of them? What would be the result in religious matters, if all the theological institutions of our own country admitted and graduated all the different sects indiscriminately? Precisely what now obtains in medical affairs. And the present system of graduating exclusives in our regularly constituted medical schools is, in itself, as great an inconsistency as that would be in the theological.

Finally, he who would adorn and benefit our profession, in the highest sense, must also be an honorable, upright, and truly christian man. And I possess the proofs that no profession, excepting of course the clerical, includes so many bright examples in these respects as our own, notwithstanding the very common but ungrounded sneer as to the infidelity of medical men. I need, not, however, adduce these proofs in this presence; nor need I mention the names of those who have left a halo around their christian characters, even more bright than that which encircles their intellectual memories. It is enough to remind you of the poet's testimony, that piety is, after all, the highest merit, even in eminent men.

"And to add greater honors to his age

"Than man could give, he died fearing God."

With such aims and qualifications as have been specified, every medical man may hope, if life and health be spared, to become in his degree an "ornament and a help" to his profession. But even should he fail at last to do all he had hoped, he has at least lived and labored—lived because he has labored. For

"Life's more than breath, and the quick round of blood;

"'Tis the great spirit and the busy heart."

Indeed, it is in our labors alone that we can live after our decease. The labors of Washington will never cease to be felt; nor will those of Calvin, Bunyan, or of Boerhaave, Hoffman, Harvey, Jenner, Hunter, or Marshall Hall. Let us, then, strive to do something worthy of an existence at the present era of unexampled scientific and practical progress. The progress of mind is ever onward. Let us do our whole duty, and we shall never be forgotten.

"Lives of great men all remind us,
We can make our lives sublime;
And departing leave behind us
Footsteps on the sands of time.

"Footsteps which perhaps another,
Sailing o'er life's solemn main,
A forlorn and shipwrecked brother,
Seeing may take life again.

"Not enjoyment and not sorrow,
Is our destined end or way;
But to act, that each to-morrow
Find us farther than to-day.

"Let us, then, be up, and doing,
With a heart for any fate;
Still achieving, still pursuing,
Learn to labor and to wait."

Dr. Bedford, the New-York University School,
and their Organ.

The trio thus placed in juxtaposition, are rapidly acquiring that "bad eminence," and certain overthrow which is their manifest destiny. Neither wealth, nor the prestige of any name, nor the self-laudation, nepotism, diplomacy, advertising, nor the artifices and tricks of their circulars, can arrest their downward proclivity to an ignoble grave, now that the "*unfettered press*" is rallying in the North as well as the South to rescue the profession from being longer disgraced by the quackeries of this ill-sorted and ill-fated school.

Recent developments remind us of that truthful apostrophe of Sheridan to his country—"Give them a corrupt House of Lords; give them a venal House of Commons; give them a tyrannical prince; give them a truckling court; and let me have but an *unfettered Press*! and I will defy them to encroach a hair's breadth upon the liberties of England!" So we would encourage our brethren of the profession, "give us but an unfettered press!" and "though hand join in hand" yet nothing can avert from the kindred trinity, named at the head of this article, their early and inevitable doom.

In another part of this paper will be found a significant article from the pen of Professor Dugas of the Southern Medical and Surgical Journal, in which the "Organ" of Dr. Bedford and the University is fitly characterized. So much for the *South*. The following is the voice of the North, coming as it does from Dr. Parker, the high minded editor of the New Hampshire Journal of Medicine:

"It is a well known fact that the *University of New-York* is in a bad way. Its struggles for existence in competition with the College of Physicians and Surgeons, and also, more recently, with the New-York Medical College, have been confessedly more and more desperate and more and more unprincipled. It is impossible now to speak of all the *tricks and subterfuges* resorted to, to obtain students. Among the latter of these means is the idea of an *obstetric clinic*, the name of which was evidently suggested by the University of Buffalo, in which, after great parade and glorification, eases are presented such as may be seen at any ordinary clinic, differing in no way from them except that

the Professor occasionally, say often enough to excite the grossest of curiosities, exposes a female, and possibly introduces a speculum. Now we venture to say that no one useful lesson can be learned by "those pupils on their crowded benches," that cannot be learned at other ordinary clinical lectures; that is, taking the *Lancet* report as our basis of reasoning.

"Still farther: there are in the city of New-York several well conducted medical journals, whose pages are always open to valuable articles, come from whom they may. How natural to do, as is done in Philadelphia, with valuable clinical lectures, publish them in the journals of the city,* where they are delivered. But no; the lectures are reported for a distant journal, and that not the first in the country. It claims, however, to have a very wide circulation. Is this distant journal selected because its influence is greater; because it is known more favorably than any other; because in this way the profession can be more benefited than in any other? Or is this journal selected because it will publish the lectures without asking any questions, and because it will at the same time lend all its influence to *puff the University*. The appearance is that these are the true reasons. We may be in error; but, judging from the pages of the *Lancet*, this has been for a long time our unprejudiced conviction. Take, for example the number of the *Lancet* which contains the passage which we have inserted above, and its first article is the twentieth of these lectures, which occupies twelve pages; the first two being devoted chiefly to glorification of the lecturer, his clinic, and 'the crowded seats before him.' Most of the cases were those of ordinary occurrence, but the 'great attraction' was a case of polypus of the uterus, of which the report says: '*Here the patient was placed on a bed, and without the slightest exposure, the Professor taking the index finger of the left hand as a guide, introduced along the finger the calculeous forceps, with which he seized the polypus; and this he twisted off two or three times and removed it apparently without the least difficulty, much to the satisfaction of the patient, and admiration of the class;*' and we venture to add, without their deriving a particle of instruction from it other than can be gained by reading a description of the process. Then, skipping three pages of other matter, we have a letter from Indiana, of a page and a half, *puffing the University*; then pass eight pages, and a letter of a page comes *puffing Dr. Valentine Mott*, and with him the *University*; then a page of abuse of the editor of the New-York Medical Gazette, who is especially obnoxious to the *Lancet*—

* No medical Journal in New-York will publish such bad fictions as the "lectures" are known to be here. We tried it, but were obliged to tell Dr. B. and his man Friday, that "we could do any thing but lie for him," but that we would not do any longer. We had been "caught napping" with that operation of Dr. Mott, which we published unwittingly as Dr. Bedford's at his personal solicitation. We knew no better till corrected by Dr. Mott himself.—Ed. Gaz.

for what reason we do not know, unless because he spoke too plainly of the University. After a page and a half come five pages of *Professor Bedford's* March address to his class; then five and a half pages of other matter, when we come to the editorial, consisting of nine pages, of which six at least are directly or indirectly *puffing the University*,—seven pages of Thompson's lectures on medical jurisprudence, in our opinion the most valuable part of the number, close it—a total of *twenty-six and one half pages concerning the University, or calling attention to it*, to twenty-eight pages of other reading matter. If, now, our readers bear in mind that the reports in the *Lancet* are alluded to in the lectures of the Professor, and that the janitor of the University is one of the authorized agents of the *Lancet* in the city, have we not an evident intimacy of connection which hardly fits an editor to be an unbiassed judge of the school? In fact, were the *Faculty of any institution to establish a journal on purpose to puff themselves and make public opinion*, what more could they desire?"

We honor Dr. Parker for the evidence furnished here that he has an "unfettered press," and knows how to use it. The profession here and every where only need more light, and thanks to our contemporaries, they are in a fair way to have it. It is full time that the "rotten-borough" burlesque upon a medical college in 14th-st. should be exploded. We have ventured to predict its downfall as the certain result of its exposure to the profession and the public. Even the prestige of Dr. Mott's name cannot save it from utter failure, not for a single year, as the forthcoming session will prove. Their sub-professors and summer course have already fulfilled our prophecy, and all parties are heartily ashamed of the humbug. Dr. Bedford's clinique is beneath contempt, as is his Plattsburg organ of the school. The students who come to New-York for medical education, will no longer be gulled by pompous pretension, and empty glorification, all of which will now be understood to be nothing but GAS.

Lectures on Operative Surgery.

BY J. M. CARNOCHAN, M.D.

Professor of the Principles and Operations of Surgery in the New-York Medical College, &c.

[Reported.]

On Lithotomy.

[Continued from p. 214.]

I have now finished what I had to say in relation to the best mode of performing bi-lateral and uni-lateral lithotomy. I have directed your attention to the extent to which you would be justifiable in carrying your incisions through the prostate, reference being had to the anatomical disposition of the ilio-vesical fascia, as forming the boundary between the perineum and the cavity of the pelvis. The principle, once admitted, of the impropriety of transcending the limits of the prostate gland, it becomes evident that the double section of the

prostate, resulting from bi-lateral lithotomy, must at times prove insufficient for the transit of calculi, of certain dimensions, without contusing and laceration of the tissues. M. Senn has proposed to obtain a larger opening in the prostate, by dividing the left lateral lobe transversely, and the right obliquely. The division of the gland, transversely on either side, from the urethra, has also been practised, with the view of procuring an opening of larger perimeter than that resulting from the division of the lateral lobes, in the direction of the oblique radii, downwards and outwards. To the same end, M. Vidal has described a method of dividing the prostate in four of its oblique radii, still observing the rule of not transcending the limits of the gland. He proposes to add to the bi-lateral section of the gland, downwards and outwards, two other incisions, which shall divide the gland in the direction of its oblique radii, on either side, upwards and outwards. This proceeding is called quadri-lateral lithotomy, and is novel so far, that more definite language is used in regard to the safest manner of making the incisions. A special instrument—a kind of four-bladed lithotome—has been invented for effecting the simultaneous quadruple incision of the gland; but as the necessity for the multiple section of the prostate can not always be primarily perceived, an operation of this kind is better conducted, by performing first the bi-lateral lithotomy, as already described, and afterwards, if required, by making, by means of a blunt pointed straight bistoury, a third or fourth incision, upwards and outwards, through the upper portion of the gland.

The operation of lithotomy is sometimes attended with embarrassing complications, which the surgeon should foresee, and for which he should be prepared. Thus, the perineum may be unusually deep, the prostate gland may be indurated and enlarged, a calculus may be encysted in the coats of the bladder, or confined towards the upper fundus, by a kind of hour glass contraction, or the calculus may be so large, as to defy extraction by ordinary means, the rectum in the aged, more especially, may be dilated towards its lower part, and bulge forward, on each side of the prostate, or the rectum may become prolapsed during the operation, as most commonly happens in children.

Although the perineum may be of unusual depth and hardness, and although the prostate may be considerably enlarged, it will be found in most cases of this character, that Liston's knife suffices for the easy performance of the operation. To meet certain exigencies, the gorget has been resorted to, and M. Syme has projected a *prostatome*, for the more accurate division of the prostate, where the perineum is of extraordinary depth and firmness. Mr. Syme's knife may answer the purpose very well, but it seems to be, from his description, nothing more than the cutting portion of the blade of Hawkins' gorget, fixed upon a handle, the beak being dispensed with.

When the calculus is pinched up, as it were, and retained, by the contraction of the superior fundus,

from irritability of the organ, it can generally be grasped by the blades of the forceps, careful and dexterous manipulation being used; but where the stone is actually encysted, much difficulty and embarrassment may arise in effecting extraction. In this last instance, it is advised, when the stone is within reach of the finger, to introduce a knife, enclosed in a sheath like the *lithotome caché*, but sharp only at its extremity, and with this to incise the wall of the cyst, so that the calculus may fall, or be pushed, into the cavity of the bladder. It has also been proposed to effect the same object, by passing a blunt pointed, narrow bistoury, sharp only at the extremity, and guided along the index finger, so as to lay open the enclosing cyst. Again, the forceps have been used, by seizing repeatedly with the blades of the instrument the mucous membrane covering the calculus; and thus, by bruising and lacerating the intervening wall of the cyst, an opening is obtained for the liberation of the calculus. If the stone be imprisoned towards the inferior fundus of the bladder, the extrusion of the stone from its envelope may be facilitated by introducing the finger into the rectum, and pushing the foreign body towards the cavity of the bladder. I have already alluded to that condition of the rectum, which is sometimes met with in the aged, where that portion of the intestine which corresponds to the prostate is unusually dilated, and projects anteriorly, on either side of the gland. Here, the rectum must be thoroughly evacuated of its fecal contents, and during the incisions, the walls of the gut must be carefully guarded by pushing with the fingers of the left hand, from before the edge of the knife, the sacculated portion of the dilated intestine, or by passing the finger into the rectum itself, so as to remove it from the line of the incisions. In children, more particularly, the escape of feculent material and prolapsus of the rectum are apt to occur, during the operation of lithotomy, from debility of the sphincter and levator ani, or from the violent convulsive efforts made to escape from restraint. Even, where chloroform has been administered, this embarrassment may take place. The difficulty must be overcome by returning the protruded bowel, and preventing its descent again, by applying a folded compress of linen rag over the orifice of the anus, and maintaining it there by the hand of an assistant; or to accomplish this, the operator himself may employ his left hand, while, with the right, he is making the incisions.

The exact dimensions of a calculus cannot always be ascertained before the commencement of the operation for its extraction. It may be much larger than was anticipated—much too large for the extent of the incision which has been made for its transit, whatever method of prostatic lithotomy is contemplated. If the lateral operation has been performed, and the calculus is found to be too large to pass through the incision, according to the best authorities, the incision should not be prolonged beyond the boundaries of the prostate gland; but the edge of the knife should be turned toward the right lateral lobe

of the prostate, which should be incised in the direction of its oblique radius, downwards and outwards. Or the incision may be carried outwards, dividing the right lobe in the direction of its transverse diameter. This would give an opening resulting from the division of the left lateral lobe obliquely, and of the right lateral lobe transversely, which, according to Senn, would allow of the passage of a calculus not exceeding eighteen lines in diameter, without laceration of the parts beyond the gland. If the double incision, as made by the *lithotome caché double* of Dupuytren, is found to be insufficient, to gain an opening of greater circumference, the prostate may be divided on one side, in the direction of its anterior oblique radius, or the quadri-lateral incision of M. Vidal may be resorted to, by at once dividing the prostate obliquely, upwards and outwards in the direction of the anterior oblique radii on both sides.

A patient is mentioned by Deschamps upon whom the operation of perineal lithotomy was successful, where the stone was of such dimensions, that it must have required an opening seven inches in circumference to permit its extraction. It is to be inferred that, in this instance, the borders of the prostate were passed, either by laceration of the parts, or by prolonging the incision; for even the quadri-lateral section of the prostate within its limits, will not give an opening of this extent. When the diameters of the calculus are such, that even the multiple section of the prostate does not effect an opening of sufficient circumference for its extraction, without lacerating terribly the neck and inferior fundus of the bladder, efforts must be made to break the stone into fragments, by means of instruments fashioned so as to act after the manner of the *Brise-pierres*, with varieties of which the operator should be furnished. If the calculus can be reduced into fragments, the difficulty at once disappears, if, however, the calculus resists the action of the instrument, the surgeon may throw himself upon two alternatives; he may either forcibly drag the calculus by means of large forceps and the aid of assistants, through the inferior fundus of the bladder and the inferior strait of the pelvis; or he may relinquish the operation and allow "the patient to die in peace." An operation commenced under such circumstances is wrongly projected; perineal lithotomy should not be attempted at all, and should give way the supra-pubic or Hypogastric operation, which alone is suited to meet such extraordinary exigencies.

Immediately after the extraction of the calculus, the surgeon may have to contend with the consecutive accidents, and one of the most serious of these is the continuance of the hemorrhage. Thus, excessive bleeding may occur from vessels which have been wounded during the external incisions, and also from other vessels lying in the course of the deep or internal incisions. The internal pudic artery, except in cases of anomalous distribution, can be but seldom wounded, if ordinary precaution be observed; the superficial and the transverse arteries of the perineum are more likely to be the source of hemorrhage.

hage in the range of the external incisions. Injury to the bulb, or to the artery of the bulb, the division of the venous plexus, which encircles the prostate and which in persons advanced in life is often found enlarged, and lesion of the coats of the bladder, especially of the mucous membrane, are the sources of severe hemorrhage, resulting from the internal or deep incisions of the operation. Profuse hemorrhage, occurring from the external vessels, may be arrested without difficulty, by using the tenaculum and securing by ligature the vessels running among the superficial layers of the perineum. The hemorrhage to be most dreaded comes from the more internal incisions. The artery of the bulb lies very deep between the layers of the triangular ligament, the dense and unyielding structure of which prevents the bleeding, orifices of the vessel from closing or from retracting, if it happens to be wounded. This artery is short, and the wound, if any be inflicted, must be close to the trunk of the internal pudic artery; consequently the bleeding more particularly in the adult, may be profuse and alarming from this source. Lesion to the artery of the bulb can generally be avoided, as it does not run in the way of the necessary incisions. It should be recollected that this artery runs in a transverse direction from its origin, to reach the side of the posterior part of the bulb, and that it is seated about two or three lines higher up than the base of the triangular ligament. To reach the groove of the staff, therefore, through the urethra, the opening should be made behind the bulb, and posterior to the base of the triangular ligament; and the edge of the knife should be invariably turned downwards and backwards.

The bleeding, comparatively unimportant during the operation, may assume the form of internal hemorrhage, the symptoms of which do not manifest themselves for one, two, or three hours after the operation. The patient will complain of excessive desire to pass the urine, but is unable to do so, either through the urethra or the wound; he has great uneasiness, with a sensation of weight about the rectum and neck of the bladder; and he becomes restless, faint, cold and pale. When such symptoms are present, the surgeon must examine and re-open the wound; and the cavity of the bladder, most likely, will be found filled with coagula of blood. In such a case, the clots of blood should be immediately removed from the bladder and from the tract of the wound, and the source of the hemorrhage sought for. If the difficulty has arisen from the external flow of blood from some of the superficial arteries, it can be promptly arrested by the use of the tenaculum, or forceps, and the ligature. Where, however, a hemorrhage of a graver character, having for its source the artery of the bulb or some of the other deep seated vessels, is presented, two methods may be resorted to in order to command the further effusion of blood; compression, and the use of the ligature *en masse*. Compression may be practised in different ways; a gum elastic canula may be passed into the bladder, so as to afford an egress for the urine; the operator should then take two oblong plugs

of lint, of proper hardness, having each a ligature, with the two ends long enough to hang from the wound externally, when the plug is suitably placed, tied around the centre; these plugs are passed along the tract of the wound, on each side of the canula, as far as, and beyond; the bleeding points; the threads of each plug are then separated; between the threads, lint is passed up to the plug, already inserted, and the wound is thus stuffed, as it were, on a level with the external surface; the ends of ligatures are then tied over the lint last inserted on each side of the wound. For the same object, Dupuytren used a silver canula, around which a linen bag was so arranged that the beak of the canula passed through an opening at the bottom, for a short distance; the bag being there secured, opposite a groove in the canula, by circular rolls of thread. The canula, thus prepared, was passed along the wound, into the cavity of the bladder; and the linen bag was then filled with lint so as to produce compression on all sides of the wound. The best mode, however, of effecting compression is to use a canula, either of gum elastic or of silver, encircled with a layer of compressed sponge, extending from one extremity to within a short distance of the beak: the sponge is secured by repeated circles of thread passed around it; the canula is then passed into the cavity of the bladder and properly retained in situ; the compressed sponge speedily expands by the moisture with which it comes in contact, and thus seals the bleeding orifices. This method generally suffices to arrest the hemorrhage, whether it proceeds from vessels seated superficially or more deeply towards the neck of the bladder.

When compression has been fairly tried and found to be unavailing, and the amount of blood lost has been such as to affect the powers of the system with alarming prostration, recourse must be had to the use of the ligature. When the bleeding takes place from the superficial vessels, and the mouths of the bleeding vessels can be seen by inspecting the wound, there is no difficulty in the application of the ligature, as the vessels can be easily seized by the forceps or the tenaculum. In a case of wound of the internal pudic artery, during lithotomy, Physick passed a curved needle, armed with a double thread, between the artery and the ischio-pubic ramus, and thus secured the vessel. It has been proposed, in such an exigency, to pass the ligature through the obturator foramen and to encircle the ischio-pubic ramus, and also the artery, as it courses along its inner border. Travers has advised that the vessel be secured by ligature, at the point where it passes through the ischiatic ligaments. The plan of Physick, torsion of the vessel, and the proper application of compressed sponge upon the bleeding orifice, seems however to be the means most to be relied upon, when this accident occurs, which in reality is but seldom. Troublesome hemorrhage is more apt to arise from the division of the artery of the bulb or of some of the other deep seated vessels. In such instances, the wound must be cleared of coagula, and the seat of the bleeding orifice ascertained; the

curved ligature needle of Petit, armed with a flat ligature, is then guided by the finger and dipped into the structures, near the point whence the bleeding proceeds: the artery can thus be encircled in the loop of the ligature and be effectively secured.

Another accident sometimes occurring during the operation of lithotomy, the effect of which requires immediate attention, is lesion of the rectum. The rectum is most in danger of being wounded, while the external incisions are being made, or when the prostrate is being divided, and also when undue and badly directed force is exercised in efforts to extract the calculus. The wound inflicted may be near the external incision, or in proximity to the prostate. If the gut be injured near the anus, the wound must be prolonged, so as to effect complete division of its inferior extremity; when, however, the injury is seated near the prostate, we have to expect the formation and persistence of a vesico-rectal fistula, which will have to be treated, when the patient has in other respects recovered from the operation.

It should not be forgotten that the influence of fear or of excessive pain may so act upon the nervous system, as to produce occasionally results of a serious or even of a fatal character. Although the use of chloroform or of ether will assist in obviating accidents from these causes, the operator must never forget that, under all circumstances, his chief reliance must be upon his own skill in the extraction of the calculus, and upon his judgment in maintaining a suitable relation between the extent of the prostatic incisions, and the size of the foreign body to be removed.

Echymosis of the perineum and infiltration of urine into the scrotum must be obviated by directing properly the external incisions, and by making them of sufficient extent. The section of the ductus ejaculatorii will be avoided, in lateral and in bi-lateral lithotomy, if the prostate be divided either on one, or on both sides, in the direction of the oblique radius of the gland, downwards and outwards.

After the operations of lithotomy as already described, the incisions necessary for the removal of the calculus close up gradually, by second intention, and in the course of from eleven to twenty-five days, the whole of the urine, a portion of which had passed through the wound, takes its natural course through the urethra. At times, however, the wound remains open and forms a urinary fistula; and at other times, after the wound has healed, incontinence of urine is found to remain. The treatment of the last mentioned consecutive accidents, manifested at a time remote from the operation itself, will be explained, when the class of diseases, to which these accidents belong, comes up for consideration.

The operation of lithotomy, although well performed, and in accordance with the precepts laid down, may be followed by a fatal termination. Phlegmonous inflammation, and gangrene of the cellular tissue of the pelvis may be prevented by confining the incisions within the limits of the prostate; but still cystitis, and purulent inflammation of the veins may take place, leading to the

death of the patient. Some latent disease or morbid pre-disposition may also have been present in some of the internal organs or tissues, and although undetected at the time, they may be aroused into active development during the traumatic fever following the operation. The brain, the lungs, the pleura, the intestines, the abdominal parenchymatous organs may then become invaded with active inflammation, with purulent effusion, or with deposits of pus, and the patient may be hurriedly and unexpectedly carried off. Be careful then, before operating, to examine the internal viscera; for if they are in a pathological condition, a favorable result cannot be anticipated.

I have now terminated what I had to say in relation to the operation of lithotomy upon the adult male. In the next lecture, I shall direct your attention to the operation of LITHOTRITY.

Selling a Recipe for the Cholera.

A Frenchman, representing himself to be a physician, honored us with a call a few mornings since. His spare figure, large moustache, striped pantaloons, and enormously developed shirt collar, were calculated to attract attention, had he remained silent. But when he introduced the subject of his call, the effect was highly ludicrous. "Dis is von docteur from the tropic, wiz un grand recipe for de cholera." He was kindly informed that the disease did not exist in Boston, and therefore his remedy would excite no particular interest. "Ne-vare mind, Monsieur, dis will cure de cholera morbus, vat you call him; all de pain will go off as von charm. If von docteur gif medicine to that pashant, et dis grand remedy I vill give to anotra, von vill die—but von vid le bon medicine, he rise up quite vell." Having discovered that the object contemplated by the distinguished gentleman from the tropics, was to sell a nostrum for arresting the scourge of Asiatic cholera, it was intimated that he had better address Congress, since a positive cure was of national importance. The suggestion seemed to strike him favorably, and he exclaimed, in a strain of exultation at his probable success in that direction, "Vell, de Congress shall bye dis sharming recipe for tout de peuples, such grand remedy; de ministare, he will introduce mon preparation for all de peuples." Monsieur from the tropics then took leave, with evident satisfaction at the prospect that awaits him at the seat of government.—*Boston Medical and Surgical Journal*.

Ladies' Medical Missionary Society.

Mrs. S. J. Hale, of Philadelphia, an authoress whose efforts have been steadily devoted to the moral elevation of the sex, and who waxes stronger in labor and language with the increase of her years and experience, has called our attention to something said to be new, although in fact old. It is new, in that the masses are just beginning to hear of it; and old, for the reason that the idea was developed many years ago. It is to educate females for the two-fold object of carrying

Christianity and the knowledge of medical science to heathen countries. Mrs. Hale, and those associated with her in this broad scheme of philanthropy, are persuaded that women, and not men, are destined to carry on a great moral and intellectual revolution among those of their own sex who are degraded, and without civil rights or religious privileges. Men cannot reach the female ear in the highest circles of the East—Mohammedan ladies are confined to harems, where none but females can possibly hold intercourse with them. In such countries a female physician would have superior advantages for making herself useful. Without reference to female medical schools, or catering for the advancement of any particular institution, the friends of this measure simply say to the public, qualify young women for this great enterprise. The excess of females in Europe is a remarkable feature of the age, and it is not improbable that they will also soon be in the ascendant in the United States. What are they to do? Such employments as were once supposed legitimately to belong to their express department of industry, have been strangely invaded by machinery, which has driven them to shops, to printing offices, &c. but their destiny is still a high one—and according to the logic of our friend Mrs. Hale, a mightier revolution awaits the mission of educated female physicians in the Orient, than was ever believed on that old theatre of rapacity, warfare and female degradation. Our individual views may not be in exact harmony with those of the projectors of this scheme of benevolence. We are familiar with the organization of society in the East, and foresee the difficulties to be overcome before a woman can have any position beyond what is voluntarily conceded to the influence of personal charms. Intellectuality in a woman, at present, is not in demand, or appreciated, either in Mohammedan or Pagan nations.—*Boston Journal*.

Messrs. A. and J. Ramsay have among their extensive variety of articles for the Toilet, a unique and superior preparation for the Hair, to which they have given the classical name of KEPHALIA. Its delightful fragrance, which is improved by the Otto of Roses, together with its admirable effects in giving tone to the roots of the hair, and promoting its growth by stimulation, entitle it to a preference over all the nostrums in the market, many of which are inert, and others positively mischievous. The Kephalia is oleaginous, and not alcoholic, which renders it always innocent and safe.

From the New Jersey Reporter.

Death of Physicians in Philadelphia.

We are again called upon to note the mournful fact, that the ranks of our profession are being stripped of some of its most promising and useful members. But a short time has elapsed since the death of the lamented

GEORGE STEWART, M. D.

was just stepping from the threshold of his early professional life to the more public arena of usefulness, as he too was stricken down, at the age of thirty-seven, and called to his final account. He enjoyed the esteem of his professional friends, the confidence of a large circle who sought his counsels in the hour of sickness and sorrow, and is mourned by those among whom he lived. How true that, "here, we have no continuing city."

New Publications.

Clinical Reports on CONTINUED FEVER. By Austin Flint, M. D. Buffalo, G. H. Derby & Co. 1852.

Dr. Flint has exalted his own reputation by the republication in this volume, of the series of essays which have appeared in the late volumes of the Buffalo Medical Journal, based upon the clinical and critical analysis of 164 cases, observed by himself. Such an elaborate work may not be appreciated by the multitude, but its sterling merits commend it to all thinkers and reading men in the profession, of whom there are many even in these degenerate days. Both the author and publishers deserve patronage for this useful and practical volume.

Principle and Practice of SURGERY. By William Pirrie, F. R. S. E. with additions by John Neill, M. D. &c. Philadelphia. Blanchard & Lea, 1852.

The cursory examination which we have been able to give this new work, has impressed us very strongly in its favor. The author is well known as an eminent teacher in this department, and his unsurpassed opportunities and experience have enabled him to render his book highly practical, and adapt it to the use of students as a text book. Our countryman, Dr. Neill, has added signally to the value, by the numerous and judicious additions he has made, many of which are real improvements. The woodcuts are admirable, and the typography worthy of the publishers.

New-York Medical Gazette Advertiser.

GENEVA

MEDICAL COLLEGE,

Spring Course, 1853.

The Nineteenth Annual Course of Lectures in this Institution will commence on the first Wednesday of March, 1853, and continue 16 weeks. CHARLES B. COVENTRY, M. D. Professor, of Obstetrics, and Medical Jurisprudence.

JAMES WEBSTER, M. D. Professor of Anatomy and Physiology.

CHARLES A. LEE, M. D. Professor of Materia Medica and General Pathology.

JAMES BRYAN, M. D. Professor of the Principles and Practice of Surgery.

GEORGE HADLEY, M. D. Professor of Chemistry and Pharmacy.

WILLIAM RAUTSER, M. D. Professor of the Theory and Practice of Medicine.

GEORGE W. FIELD, M. D. Demonstrator of Anatomy.

A Surgical and Medical Clinique is held every day at 12 o'clock at the College, at which numerous and important cases are presented for treatment. The Dissecting Rooms are opened early in the Session, and well supplied with material.

Fees for the whole Course, \$62; Matriculation Ticket, \$3; Dissecting Ticket, \$5; Graduation, \$20.

Board, including fuel, lights &c., \$2 per week.

CH'S A. LEE, M. D. Dean.

PHILADELPHIA COLLEGE OF MEDICINE.

Fifth-street, a few doors south of Walnut.

The Twelfth Course of Lectures will be commenced on Monday, October 18th, 1852, and be closed on Saturday, February 26th, 1853.

President, Hon. JESSE R. BURDEN, M. D.—Faculty: James McClintock, M. D. Professor of Anatomy; Rush Van Dyke, M. D. Professor of Medicine; James Bryan, M. D. Professor of Surgery; Ezra S. Carr, M. D. Professor of Chemistry; Frederick A. Fickard, M. D. Professor of Materia Medica; John K. Mason, M. D. Professor of Midwifery; David Paul Brown, Esq. Professor of Forensic Medicine; Henry Goadby, M. D. F. L. S. Professor of Histology; George Hewston, M. D. Demonstrator of Anatomy.

Fees.—For Matriculation, only once paid, \$5.00. For each ticket of the Governing Faculty, six Professors, \$15—\$90. For a perpetual ticket, \$160. For a third course, to those who have attended two full courses in other colleges, \$50. For Graduation, \$30.

For Practical Anatomy, including Recapitulatory Lectures, ...	\$11
Recapitulatory Lectures alone, ...	5
Histology and Microscopy, optional, ...	5
Forensic Medicine, ...	5

The ticket to the Pennsylvania Hospital is presented to every full course and perpetual ticket paying Candidate for Graduation.

In addition to Hospital advantages afforded in the city, Clinical Instruction is given in the College.

The thirteenth session of the Institution will commence on Monday, March 11, 1853, and close about July 10th, 1853.

For further information inquire of

JAMES MCCLINTOCK, M. D. Dean,
No. 1 North Eleventh-street, Philadelphia.

August 20, 1852.

MEDICAL COLLEGE OF GEORGIA.

The Twenty-First Course of Lectures, in this Institution, will commence on the First Monday in November next.

Anatomy, G. M. NEWTON, M. D.
Surgery, L. A. DUGAS, M. D.
Institutes and Practice of Medicine, L. D. FORD, M. D.
Physiology and Pathological Anatomy, H. V. M. MILLER, M. D.
Materia Medica and Therapeutics, and Medical Jurisprudence, L. P. GARVIN, M. D.
Obstetrics and Diseases of Women and Infants, J. A. EVE, M. D.
Chemistry and Pharmacy, ALEX. MEANS, M. D.
Demonstrator of Anatomy, H. F. CAMPBELL, M. D.
Assistant Demonstrator, ROBERT CAMPBELL, M. D.

Clinical Lectures will be delivered regularly at the City Hospital, and ample opportunities will be afforded for the Study of Practical Anatomy.

Important additions have been made during the present year, to their means for Demonstrative Teaching in Obstetrics, Pathological and Surgical Anatomy, Diseases of the Skin, &c. &c.

For further information application may be made to any member of the Faculty or to

Angusta, July, 1852. G. M. NEWTON, Dean.

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Have just published a "System of Operative Surgery, based upon the practice of Surgeons in the United States," by Henry H. Smith, M. D., assistant lecturer on Demonstrative Surgery in the University of Pennsylvania. Illustrated with highly finished steel engravings.

PARTS 1, 2, 3 now ready.

"The beauty and extent of the Illustrations would amply suffice to command attention, and place this book in the front rank of standard publications. But its character as an essentially American work, built, as its title pages imports, upon a strictly national foundation must secure for it a general welcome. The Bibliographical index is a treasure in itself, and a monument of the compiler's industry which must win for him the esteem of every medical inquirer."—*Medical Examiner*, Jan. 1850.

"It is a book alike creditable to the author and the country."—*Boston Medical and Surgical Journal*, Dec. 1851.

BALTIMORE COLLEGE OF DENTAL SURGERY.

Session 1852-3.

FACULTY.

CHAPIN A. HARRIS, A. M., M. D. Professor of Principles and Practice of Dental Surgery.

THOMAS E. BOND, A. M., M. D. Professor of Special Pathology and Therapeutics.

W. R. HANDY, M. D. Professor of Anatomy and Physiology.

ALFRED A. BLANDY, M. D. Professor of Operative Dentistry.

PHILIP H. AUSTEN, M. D. Professor of Mechanical Dentistry.

REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

The Mechanical and Dissecting Rooms will be opened on the last Monday of October. The Infirmary will be open throughout the year.

The regular Course of Lectures begin on the last Monday of November, and continue till the last of March.

Tickets for the Course, \$110; Dissecting Ticket, (optional,) \$10; Matriculation, \$5; Diploma Fee, \$30.

Good Board from \$2 50 to \$3 50.

The Faculty open their next Session in a New College, much larger, handsomer, and better adapted for all the purposes of Dental instruction, and situated in a more central part of the city. Contains two spacious and beautiful Lecture Rooms, an Infirmary, Mechanical and Dissecting Rooms; also a Museum, presenting Teeth of every pathological variety; anatomical preparations, plates, and models, with a large and costly chemical apparatus, thus furnishing the most ample mean for illustrating the several Departments.

W. R. HANDY, Deau.

COLLEGE OF PHYSICIANS AND SURGEONS

OF THE
University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of October, 1852, and continued until March 10th, 1853, (commencement day).

ALEXANDER H. STEVENS, M. D., L. L. D. President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., L. L. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D. Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D. Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

LEWIS A. SAYRE, M. D. Professor of Surgery.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers, (Professor Smith being one of them,) fee \$2 per annum; at the Bellevue Hospital twice a week, without fee, (Professors Parker and Clark belonging to the Medical Staff;) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the test of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

The Course will be free.

R. WATTS, M. D. Secretary to the Faculty.

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PALMER'S PATENT ARTIFICIAL LEGS,

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Received the award of the Prize Medal of the great Industrial Exhibition of all Nations, in London, as recommended by (the Judges) those eminent and world-renowned Surgeons, Sir Wm. LAWRENCE and Mr. GREEN, of London, and M. ROUX and LALLEMAND of Paris, "as being the best artificial leg ever invented," an American triumph over thirty different kinds of artificial limbs on exhibition from the best artists in London, Paris, and various other parts of Europe.

By the recommend of the most eminent Surgeons in the United States, as "Judges" the following awards have been made to this specimen of art and surgical apparatus, as the best in this country; (to wit,) "For the best artificial limbs."

AMERICAN INSTITUTE, NEW-YORK: awarded, Silver Medal, 1846: Gold Medal, 1847: Gold Medal, 1850: and renewal premium, 1851.

FRANKLIN INSTITUTE, PHILADELPHIA: Scott's Legacy Medal and Premium, \$200, and Silver Medal, "first premium" 1849; "first premium renewed," 1850.

MASS. M. C. M. ASSOCIATION, BOSTON: "first premium" Silver Medal, 1849, "first premium renewed, 1850.

MARYLAND INSTITUTE, BALTIMORE: first premium, 1848: Gold Medal, 1850.

NEW-YORK STATE AGRICULTURAL SOCIETY, ALBANY: Silver Medal, 1849: ditto and Diploma, 1850: Gold Medal, 1851, for having received the Prize Medal, at the Great Exhibition of all Nations, in London.

The following are a few of the numerous opinions given by distinguished Surgeons in this country and in London concerning this apparatus, to wit:

"I have examined carefully, the Artificial Leg, invented by Mr. B. Frank. Palmer. Its construction is simple, and its execution is beautiful; and, what is most important, those who have the misfortune to require a substitute for the natural limb, and the good fortune to possess it, all concur in bearing practical testimony to its superiority in comfort and utility. VALENTINE MOTT,

Professor of Surgery, New-York University.
New-York, Jan. 29th, 1851."

"I have seen several of the Artificial Legs manufactured by Messrs. Palmer & Co. in use, and consider them superior to any with which I am acquainted. W. PARKER, M. D.

Professor of Surgery, New-York College of Physicians and Surgeons.
New-York, Jan. 28th, 1851."

"The undersigned having witnessed the successful use of the Artificial Leg manufactured by Palmer & Co. Springfield, gladly recommend them to persons who have suffered the loss of the lower extremity, as an ingenious mechanism, which imitates in shape and motion the living member much more successfully than would seem possible.

JOHN C. WARREN,
GEO. HAYWARD,
JACOB BIGELOW,

J. MASON WARREN,
D. HUMPHREY STORER,
S. D. TOWNSEND,

Surgeons and Physicians, Mass. General Hospital.
Boston, June 12th, 1849."

"I have examined with great care, the Artificial Leg invented by Mr. B. F. Palmer and do not hesitate to recommend it in the strongest terms.

"It has been used by several of my patients, and with entire satisfaction. THOS. D. MUTTER, M. D.

Professor of Surgery in Jefferson Medical College.
Philadelphia, March 27th, 1850."

"I have examined carefully the Artificial Leg invented by Mr. Palmer, and have formed a very favorable opinion of its construction. I have also advised my patients to obtain it, and have reason to suppose it answers their expectations.

W. GIBSON, M. D.

Professor of Surgery, University Penn.
Philadelphia, Jan. 23d, 1851.

"4 Parkley-street, Berkeley-square, London, Sept. 30th, 1851.

"D. F. PALMER, Esq.

"I have no hesitation in stating that I consider your Patent Artificial Leg to be the best invention I have yet seen: the most useful, and the least distinguished from the natural limb.

"I am sir, your very obt. servant,

"G. J. GUTHRIE,
Late President, Royal College of Surgeons."

"I should prefer to say an Englishman makes the best leg, but I must say an American has, and I go for the best

"MR. SKEY,

"Surgeon to St. Bartholomew's Hospital and Dean of Anatomy."
N.B.—B. F. PALMER will execute all orders out of New England and New-York, at his office, 376 Chestnut-street, Philadelphia.

Agent in New-York. J. M. Sandersou, 3 Barclay-street.

KOUSSO,

REMEDY FOR TAPE WORM.

DELLUC & Co. have just received from Paris, another invoice of the valuable medicine. Also, PURE CHLOROFORM, from the celebrated BERAL of Paris.

For sale, wholesale and retail, at 581 Broadway, 250 4th Avenue, and 2 Park Row.

CASTLETON

MEDICAL COLLEGE.

There will be annually two full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PERKINS, M. D. Professor of Materia Medica and Obstetrics.

EZRA S. CARR, M. D. Professor of Chemistry, and Natural History.

WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDENITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

Fees.—For each full Course of Lectures, \$50; For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel, and lights, can be obtained in respectable houses at from \$1.75 to \$2.50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

NEW WORK ON OPERATIVE SURGERY.

Operative Surgery Illustrated, by R. U. PIER, M. D. containing more than nineteen hundred Illustrations of operations and of surgical diseases, with explanatory text, chiefly from the works of Bourguery, Velpeau, Mance, Scarpa, Astley Cooper, Liston, Muttet, Pancoast, Mott, &c. with two hundred original drawings. This work will also contain a chapter on the use of Ether in Surgery, by HENRY J. BIGELOW, M. D. Prof. of Surgery in the Massachusetts Medical College, it being a communication published in the Records of the American Medical Association.

The work will be issued in a handsome 12mo. vol. and at a price that will place it within the reach of every student and practitioner. Published by

TICKNOR, REED & FIELDS.

Boston.

KIERSTED'S BREAST OINTMENT.

The attention of Physicians, Pharmacutists, and venders of Medicine throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM CUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

**AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,**

SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,

&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistency; and the dressing is not required to be renewed often, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting A PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and (superceding the use of Punctures, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily clemens, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

PREPARED ONLY BY

H. T. KIERSTED,

AND SOLD WHOLESALE AND RETAIL AT HIS

Drug, Chemical, and Family Medicine Store, No. 532 Broadway,
(cor. of Spring-street, New-York.)

COLLamore HOUSE.

*. It is also for sale at several of the principal Drug Stores in the city of New-York; and at present by the following Druggists, viz:

JAMES W. SMITH, cor. Court-st. and Montague Place,
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C. S. CLAY, Kingston, Ulster County, N. Y.
H. G. FOWLER Auburn, N. Y.
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S. SAWYER, 124 Lake-st, Chicago, Ill.

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No. 141 WILLIAM-STREET, CORNER OF FULTON, NEW-YORK.
Offer for sale for Cash, or an approved Credit, at the Lowest Market Prices a large and well-selected assortment of East India, Mediterranean, and European DRUGS AND MEDICINES, French, English and American Chemicals of all kinds.

LOW'S Genuine Brown WINDSOR and HONEY SOAPS, Perfumery Fancy Articles, Fancy Soaps, Brushes, Extracts, Brouzes, Trusses, Leeches Paints and Oils, Dye Stuffs, Druggists' Labels, Window Glass, Surgical Instruments, Druggists' Glass Ware, Matters' Goods, Shakers' Herbs and Roots,

GENUINE COD-LIVER OIL,
together with every Article comprising the Stock of a Druggist or a Physician
DR. McMUNN'S

ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of all its noxious deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium,

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache.

For any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, De-narcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the active medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solution of Morphine; and thus is obviated a serious objection which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS, Hempstead, L.I., July 7, 1846.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of Morphine was followed by a fatal result, and a catastrophe. The patient remained insensible for an hour after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, insisting that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already addressed are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,
EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will henceforth be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

EDITED BY D. M. REESE, M. D. LL. D. 775 BROADWAY, NEW-YORK;

AND SOLD BY

H. T. Kiersted, 532 Broadway, D. Fanshaw, 108 Nassau-street, T. J. Crowen, 599, and Stringer & Townsend, 222 Broadway.

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Vol. III.

OCTOBER 1, 1852.

No. 20.

CONTENTS.

New Series, ...	281	Gross on Urinary Diseases, etc.	284
Medical Education in New-York, ...	281	Quackery, ...	284
Holland Gin as a Medicine, ...	282	Medical Department of the University of Buffalo, ...	284
Treatment of Deafness, ...	283	COMMUNICATIONS:—	
New Professorship, ...	283	Dr. Dewees on the seat of Intermittents, ...	285
Medical Benevolence, ...	283	Report of Two Puerperal Cases by Dr. Walter O'Reilly, ...	287
Williamsburg Medical Society, ...	283	Dr. Bedford in Saratoga, ...	288
Allopaths and Allopathy, ...	283	Spina Bafda, ...	289
Ague treated by a Terebinthinate Liniment along the Spine, ...	283	Deaths of Physicians in Philadelphia, ...	290

COLLEGE OF PHYSICIANS AND SURGEONS OF THE University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of October, 1852, and continued until March 10th, 1853 (commencement day.)

ALEXANDER H. STEVENS, M. D., LL. D. President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., LL. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D. Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D. Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

LEWIS A. SAYRE, M. D. Professor of Surgery.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers, (Professor Smith being one of them,) fee \$8 per annum; at the Bellevue Hospital, twice a week, without fee, (Professors Parker and Clark belonging to the Medical Staff.) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

The Course will be free.

R. WATTS, M. D. Secretary to the Faculty.
College of Physicians and Surgeons, }
67 Crosby street, New-York. }

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHIAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PEASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

D. S. CONANT, M. D. Demonstrator of Anatomy.

A preliminary Course of Lectures will commence on Wednesday 22nd of September, which will be independent of the regular Course, and will be free to all Medical Students.

The Dissecting Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New-York Medical College,
East Thirteenth-st near Broadway. }

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEDEDAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, Jr. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LANDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

FEES—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

CASTLETON

MEDICAL COLLEGE.

There will be annually *two* full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

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WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

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Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

UNIVERSITY OF LOUISVILLE,

MEDICAL DEPARTMENT.

A. The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. VANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, Jr. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinique has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2.50 to \$3 a week.

L. P. VANDELL, M. D.

Dean of the Faculty.

August, 1852.

BALTIMORE COLLEGE OF DENTAL SURGERY.

Session 1852-3.

FACULTY.

CHAPIN A. HARRIS, A. M., M. D. Professor of Principles and Practice of Dental Surgery.

THOMAS E. BOND, A. M., M. D. Professor of Special Pathology and Therapeutics.

W. R. HANDY, M. D. Professor of Anatomy and Physiology.

ALFRED A. BLANDY, M. D. Professor of Operative Dentistry.

PHILIP H. AUSTEN, M. D. Professor of Mechanical Dentistry.

REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

The Mechanical and Dissecting Rooms will be opened on the last Monday of October. The Infirmary will be open throughout the year.

The regular Course of Lectures begin on the last Monday of November, and continue till the last of March.

Tickets for the Course, \$110; Dissecting Ticket, (optional), \$10; Matriculation, \$5; Diploma Fee, \$30.

Good Board from \$2.50 to \$3.50.

The Faculty open their next Session in a New College, much larger, handsomer, and better adapted for all the purposes of Dental instruction, and situated in a more central part of the city. Contains two spacious and beautiful Lecture Rooms, an Infirmary, Mechanical and Dissecting Rooms; also a Museum, presenting Teeth of every pathological variety; anatomical preparations, plates, and models, with a large and costly chemical apparatus, thus furnishing the most ample mean for illustrating the several Departments.

W. R. HANDY, Dean.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. No. 20.

OCTOBER 1, 1852.

\$1 PER ANNUM.

LECTURES

ON

DISEASES OF THE CHEST.

[The undersigned proposes to continue his Winter Course of

Free Lectures

ON

DISEASES OF THE LUNGS AND HEART,

On every Tuesday evening, (commencing November 2d,) from 8 to 9 o'clock, at

No. 156 Grand-street,

Between Crosby and Centre-streets. Illustrations will be given by numerous

CASTS, DRAWINGS AND MORBID SPECIMENS.

There will be a

CHEST CLINIQUE,

with Pathological Demonstrations, at 3 o'clock, on each succeeding Saturday afternoon, at his

Office, No. 49 East Broadway.

Students, and Members of the Profession, are respectfully invited.

JOHN W. CORSON, M. D.

One of the Physicians of the Brooklyn City Hospital.

TO MEDICAL STUDENTS

And the Profession.

DR. ELLIOTT'S LECTURES ON THE THEORY AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY, including the Anatomy, Physiology, and Pathology of the Human Eye, will be resumed during the ensuing winter. Clinical and microscopic demonstrations, with dissections of the organ, and magnified drawings from nature, will illustrate the course.

Special attention will be paid to the reciprocal relations and sympathies between the structure of the eye and the vital organs, showing the indispensable necessity of general and constitutional treatment in all forms of Ophthalmic disease.

Circulars, containing full particulars and testimonials, may be obtained by calling on Dr. Elliott, at his office, 498 Broadway, on Mondays, Wednesdays and Fridays, between 10 and 3 o'clock.

TO OUR SUBSCRIBERS.

In view of the early opening of the lectures in our medical colleges, and for the purpose of keeping our readers advised of the claims of New-York, and the opportunities for students which our city affords, we anticipate our promised date of publication.

New Series.

Two more double numbers, viz.: for November and December, will conclude the present volume of the Gazette.

As already announced, the January number will commence the *fourth volume*, and **NEW SERIES** which has been promised. The subscription price will thenceforward be Two DOLLARS per annum, and must be paid in advance, or three dollars will be charged. The size, paper, appearance, and typography will be improved;—each number will be stitched in paper covers, constituting a separate advertising sheet,—and the postage will be *pre-paid*, to secure faithful delivery, and enable all our subscribers to escape the postage tax. A title page and index will be annexed to the volume for binding, and wood cuts with other illustrations will be introduced whenever called for.

Discontinuances should be notified through the post-office, but we hope these will be few, as the necessary increase in price will be amply recompensed by the improvements contemplated.

N. B.—New subscribers should begin with the volume.

Medical Education in New-York.

The causes which have so long operated to the disadvantage of our city in the business of Medical teaching, and kept New-York second to Philadelphia in reputation and usefulness in this department have been indicated in our columns with sufficient distinctness. The chief of these causes has now, we hope, been shorn of its power to do further mischief, and will soon cease to exist when the University school shall perish from inanition, as is its manifest destiny, when the profession and medical students *abroad* shall be as fully informed as they are at home, of its Munchausenisms and gas; and appreciate the fictions and tricks by which they have been heretofore gulled: Their reputation at home may be estimated by the fact that when a stray New-York student is found in their catalogue he has been looked upon as a *rara avis*, and "thereby hangs a tale"; or rather a series of tales which may be worth telling hereafter, by a list of the M. D's. whom they have made in the city, some of whom have ever since been perpetuating and multiplying their quackeries to the humiliation of the fraternity here. Hence the universal hosti-

lity towards this School, as it is organized and conducted, among the profession in this region, and hence their diploma is contraband in our neighboring states. Their only hope for students has been from abroad, and chiefly from the *South*, where they are now "pretty well known, as the saying is," through Dr. Bedford and the *Northern Lancet*.

But notwithstanding this incubus upon medical teaching is still "struggling for existence" in the language of the *New Hampshire Journal*, and though its death rattle may still be heard through another winter, yet its doom is inevitable, apart from its enormous debt, —from *flatulence*, which is beyond the reach of surgery.

Happily we have other and better schools in the city, unexceptionable in every respect, and controlled by men whose respect for the profession, and regard for its dignity and honor, afford a sure guarantee that in conducting their schools, no incompetent or unworthy candidate can by any device be smuggled into the doctorate. Their avowed conformity to the will of the National Medical Association, and their recognition of the Academy of Medicine; and the State, as well as the County Medical Societies, in their arrangements for examination before disinterested censors, of all candidates for the degree; will render their diploma, when obtained, a passport to professional and public confidence.

The College of Physicians and Surgeons, is an integral part of the University of the State of New-York, by whose Regents the degrees are conferred on the recommendation of their Faculty and Trustees. The New-York Medical College is a younger institution, but promises to thrive by its side, and is governed by a Board of Trustees who dispense its honors only on the recommendation of both Faculty and Censors, after full examination.

These two Colleges have commenced their preliminary lectures, and will enter upon their regular courses early in October, as set forth in their respective announcements on another page of this paper.

For Clinical teaching, New-York now furnishes unequalled opportunities for students, especially in the New-York Hospital, and in the Emigrants' Hospital; the latter of which is the largest general hospital in the United States.

In addition to these, there are sundry other and smaller hospitals, dispensaries, infirmaries, &c. beside clinics in each of the colleges, and others held with lectures by private teachers. Among the latter we may name that of Dr. Detmold, which is chiefly surgical,—Dr. Gardiner, in obstetrics,—Dr. Bulkley, in skin diseases,—Dr. Corson, in Thoracic maladies,—Dr. Elliot, in diseases of the eye, &c. &c. Both the colleges we have named have provided lecturers on Dental Surgery for students in this department. And the New-York College have superadded a full course on Medical Jurisprudence, by the eminent Professor of Harvard, the Hon. Joel Parker, L.L.D.

Let the profession who may select New-York for their students, confide them to the Faculties of either of these colleges, and we can vouch for their ample preparation to give thorough instruction.

Holland Gin as a Medicine.

In our last number we accompanied the publication of a Circular on this subject, from our fellow citizen Udolpho Wolfe, Esq. with a brief commentary, expressive of our own views. Since then we have been employing this agent and thus far with favorable results. But we are in the receipt of several communications on the subject from medical men which serve to show that Mr. Wolfe's Aromatic Schiedam Schnapps, is very extensively in use, and in the hands of physicians, is proving itself as a stimulating diuretic to be eminently successful after other medication with this intent had been tried in vain. In one of the cases thus reported abdominal dropsy has been cured, and the necessity of tapping averted; and in another a distressing case of gravel, so called, has been entirely removed by the passage of a calculus of considerable size, which is ascribed to the use of only two bottles of this article.

We know not the object of Mr. Wolfe in designating his preparation by the singularly uneuphonious name of "*Schnapps*," nor of his denominating it in his advertisements, the "concentrated Tincture of Juniper," instead of perpetuating its ancient title of Holland Gin. It is true that he admits it to be nothing else than the latter article in its pure state, unadulterated by noxious drugs, and hence he contradistinguishes it from Gin of commerce, nearly all of which as is well known, is manufactured here and elsewhere from inferior whiskey, and refuse drugs. The name he has given it, however, may serve the purpose of designating his article, as prepared exclusively for medical purposes, and thus commend it to physicians for whose convenience it is on sale only by reputable druggists and apothecaries.

As respects its medicinal and curative effects, we understand him to claim only that it is a pure and reliable article of Holland Gin, and as such worthy of the confidence of physicians, in those diseases for which they are wont to prescribe it, and have hitherto only been restrained, by finding it impracticable to obtain the article in a pure state. Nor should any prejudice against alcoholic medicine deprive the afflicted of the benefit of this article, which from time immemorial has held its place among the remedial agencies of the *Materia Medica*, if it be found worthy of confidence by continued experience. At all events, those who persist in the employment and toleration of other alcoholic medicines, as tinctures, bitters, &c. and especially those who prescribe Gin under any circumstances, must all unite in giving the preference to a pure article over the manifold adulterations so rife in the market. Mr. Wolfe liberally supplies physicians with a sample bottle for analysis and trial, as set forth in his Circular, and stakes

the reputation of the remedy upon the innocence, safety and efficiency of his Holland Gin, when used under medical advice; and pledges his own character in business that the article will not disappoint any who use it.

We shall take occasion hereafter to discuss the whole subject of alcoholic medicine, a topic which has recently been attracting much attention in Europe and America.

Treatment of Deafness.

There is no class among the specialists in our profession, whose devotion to a particular department is so excusable, as are those who select the diseases of the Ear. Our city is overrun with pretenders in this branch, chiefly foreigners, who announce themselves as Aurists, many of whom are ignorant and unprincipled extortioners, against whose specious promises the afflicted should be warned.

There is one gentleman now in the city who devotes himself exclusively to the treatment of diseases of the Ear. We know him to be a thoroughly educated physician and surgeon, of ripe experience in every department. We allude to James Webster, M. D. Professor of Anatomy in Geneva Medical College, who has taken up his residence in New-York, at No. 34 Vesey-street.

If he could condescend to advertise in the newspapers, as some other Professors do, he would soon be surrounded with patients. It is because he will not stoop to such means, that we volunteer this notice. Our brethren who have obscure or intractable diseases of the ear, would do well to send such patients to Dr. Webster.

New Professorship.

We understand that John A. Swett, M. D. of the N. Y. Hospital, has been appointed Professor of Clinical Medicine, in the College of Physicians and Surgeons of this city, and will deliver a course of lectures on this department during the approaching session.

We rejoice at this addition to the curriculum of this College, evincing as it does a just estimate of the indispensable necessity of thorough clinical instruction, in every Medical School worthy of the name. Dr. Swett is a learned and able teacher, a successful practitioner, and has a reputation at home and abroad which will render him a real acquisition to the Faculty of the College.

Medical Benevolence.

We chronicle the following instance of wise and discriminating liberality by a Brooklyn Physician, lately deceased. Benefactions for Hospitals, are beginning to be more frequent all over the country, nor can they be more worthily or usefully bestowed.

The late Dr. John Wiley, of this City, made the following bequests in his will:

Brooklyn Protestant Orphan Asylum, ...	\$ 500
Brooklyn Asylum for Indigent Aged Females, ...	500
St. Luke's Hospital, New-York, ...	10,000
Brooklyn Protestant Asylum, ...	5,000
Brooklyn City Hospital, ...	5,000
Total, ...	\$21,000

At a meeting of the Williamsburg Medical Society, held on Tuesday evening, the following gentlemen were chosen as the permanent officers:

- Hon. A. J. Berry, M. D. President.
- E. N. Colt, M. D. First Vice-President.
- C. L. Cooke, M. D. Second Vice-President.
- H. K. Olmsted, M. D. Recording Secretary.
- C. H. Schapphs, M. D. Corresponding Secretary.
- C. Crackowzer, M. D. Treasurer.

Allopaths and Allopathy.

We have always maintained that a grosser insult and injustice could not be done to scientific physicians, than to term them allopaths, or a more inapplicable epithet be applied to them. The code of ethics of the American Medical Association declares that "no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an *exclusive dogma*, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

An allopath, a homœopath, a hydropath, or the follower of any other exclusive dogma, cannot therefore be considered as a regular physician, or a fit associate in consultation. Such being the clear and explicit declaration made by the great medical congress of the profession, as to whom are considered by them regular physicians, we trust that the profession will, on every occasion, promptly repudiate the term allopath as applicable to them. We must take this occasion to express our surprise that the editors of journals should allow the insertion of the advertisement of a drug establishment, which, while seeking the patronage of the profession, insults them with such an epithet. We doubt not that this has been done through mere ignorance on the part of the advertisers, but the editors of the journals in which this advertisement has appeared, can hardly be excused for permitting such an insult to be perpetrated.

Medical News.

Ague treated by a Terebinthinate Liniment along the Spine.—M. Aran mentions, in the *Bulletin de Thérapeutique*, that he has succeeded in staying ague fits by the use of the following liniment: Essential oil of turpentine, three ounces and a half; chloroform, about one drachm. The patient was a young man, with whom quinine had failed, and the above liniment was used about two hours before the fit. The latter appeared at the usual hour, but was somewhat shorter than the preceding; the second was kept off for four hours; the third failed to appear altogether, and the patient was soon quite well, experiencing only for a few days a certain amount of discomfort at the accustomed hour of the fits. The liniment has several years ago been introduced by M. Bellencontre, laudanum being, however, used instead of the chloroform employed by M. Aran.

Ed.

Gross on Urinary Diseases, etc.

Medical and other writers of our country have frequently complained of a disposition on the part of British critics to disparage productions emanating on this side of the Atlantic. If there are just grounds for such complaints, the signal favor with which the late work by Prof. Gross, of the University of Louisville, has been received, is some indemnification for former acts of injustice. The British and Foreign Medico-Chirurgical Review, in speaking of the admirable treatise on Diseases of the Genito-urinary system, a treatise of which the American medical profession may justly be proud, holds the following language:—"Dr. Gross is quite correct in asserting that all the treatises on this subject as yet published in the English language, are mere outlines, which no one has attempted to render at all worthy companions to such works as those of Lawrence on 'Hernia,' Mackenzie on the 'Diseases of the Eye,' Budd on the 'Liver,' and Curling on the 'Testis.' It has remained for an American writer to wipe away this reproach; and so completely has the task been fulfilled, that we venture to predict for Dr. Gross' treatise a permanent place in the literature of surgery, worthy to rank with the best works of the present age. Not merely is the matter good, but the getting up of the volume is most creditable to transatlantic enterprise; the paper and print would do credit to a first-rate London establishment; and the numerous wood cuts which illustrate it, demonstrate that America is making rapid advances in this department of art. We have, indeed, unfeigned pleasure in congratulating all concerned in this publication, on the result of their labors; and experience a feeling something like what might animate a long expectant husbandman, who, oftentimes disappointed by the produce of a favorite field, is at last agreeable, surprised by a stately crop which may bear comparison with any of its former rivals. The grounds of our high appreciation of the work will be obvious as we proceed; and we doubt not that the present facilities for obtaining American books will induce many of our readers to verify our recommendation by their own perusal of it."

Again, in comparing the work by Dr. Gross with a treatise on similar subjects by an English writer, Coulson, the reviewer adds:—"We have already expressed our high appreciation of Prof. Gross' treatise; and it gives us much regret to feel compelled to state that the comparison of the two is, on almost every point, disadvantageous to Mr. Coulson. We acknowledge that we have tried his work by a high standard; but we think that we are fully justified in so doing, considering how long its author has been before the public as a surgical writer, and how high a position he evidently desires to attain. There is scarcely any point on which his work is not inferior to Dr. Gross'; and we have been continually led to feel, in our examination of it, how seriously defective it is, alike in method and in

completeness; so that its perusal has left us with the conviction, that scarcely any one subject has been satisfactorily treated, scarcely any point of pathology or practice fairly and fully disposed of. We can assure Mr. Coulson that we state this with regret, and with no other motive than that which arises from our desire to discharge our critical duty faithfully and impartially. That our verdict will be confirmed by any competent judge, who may take the same pains that we have done in the comparison of the two works before us, we have not the smallest doubt; and we have even a sufficiently good opinion of Mr. Coulson's own candor, to believe, that if he will examine Professor Gross' treatise for himself, he will admit our case to be so strong, that he will not feel it necessary to impute to us any bias to his disadvantage."

Quackery.

MY DEAR DOCTOR: A druggist in Cincinnati handed me, some time ago, a prescription by the renowned "Nigger Doctor," Rezin Chase, of which the following is a correct copy. Don't you think it worth publishing:

Godfrey's Cordial 40 drops,
Bateman's Drops, 40 drops,
Lard, 2 teaspoonfuls,
Butter, 2 teaspoonfuls,
Best Brandy, 2 table-spoonfuls,
Chamber-ley, 2 tea-spoonfuls,

mix. Take 2 tea-spoonfuls on going to bed.

The above was for a gentleman who had sought the advice of several eminent physicians, without avail; but Dr. Chase promised to cure him up "sartin."

Yours, as ever,

S. H. S.
Ohio Journal.

From the St. Louis Journal.

Medical Department of the University of Buffalo.—From the announcement of this Institution, we learn that the faculty have determined to reduce their fees to *fifty dollars*, for the tickets of the seven professors, and in particular cases to receive notes, satisfactorily endorsed in payment. This reduction, they state, has been rendered necessary from "the course pursued by other institutions, with which, from their geographical situation, the school at Buffalo is necessarily brought into competition." This plea is, no doubt, satisfactory to themselves, but we very much doubt whether it will be regarded by others, as a sufficient justification for engaging in the disreputable business of undercharging. In almost every community there are a set of persons claiming to be physicians, who advertise to attend patients for fifty, or even twenty-five cents a visit; yet, no respectable physician ever thinks it necessary, in order to compete with such persons, to adopt their miserable picauné policy; and we can see no good reason, why the same principle should not operate in the case of medical schools.

Communications.

Dr. Dewees on the seat of Intermittents, with novel Treatment.

The disturbances of the physiological actions during an attack of Intermittent Fever, point out in a great measure the pathologic seat and condition. No law can be announced, that such phenomena should ensue, from the absorption or impression of a poison so subtle, as hitherto to render all search into its elementary nature unavailing, and of which ignorance may for ever prevail. But, a rational treatment can be founded, by the careful study of such facts, as are known respecting the regulation of the functions, during a state of health, conjoined with an analytical grouping of the signs and symptoms, marking a deviation from the sound condition, and the careful interpretation of the lesions found upon post mortem examinations. The conclusion drawn from such investigations justifies the belief, that, the miasmatic poison produces a specific action over the innervation of the organ or organs, the cerebro-spinal system being the seat of the disorder.

In all diseases attended by periodicity, spinal, or cerebro-spinal complication exists, primarily or secondarily. Primarily, in Ague proper—Secondarily, in those diseases not dating their origin from malarial poison, but, where the individual has been previously subject to the disease, or exposed to the influence of miasmata, the periodic character being engrafted on the disorder prevailing.

The precursors of the cold stage, indicate the spinal axis as the seat of the disease. The languor, yawning and stretching of the muscles that seem sore from exertion, the chilly trickling down the aching back and limbs, the shivering and tremor of the very fibrils of the muscles, the chattering of the teeth, against which the inarticulate tongue lies as though tipped with ice; the palid, shrunken, and aserine skin, that seems separating from the shrinking flesh, whilst the cold breath comes short and irregular from the spasmodic actions of the diaphragm, all these point out the disorder in the nerves of animal life. Whilst the capillary congestion purpling the hands and feet, the frequent but feeble pulse, from the cramped state of the heart, evince the engagement of the organic centres.

The whole system is now oppressed to its utmost, the chilly blood in vain bears its load of carbon to be freed by the lungs; the respiration is increasingly imperfect,—arterial blood becomes more and more venous, the nervous centres poisoned by the disease and carbonaceous impurities, act more sluggishly, and a fatal end to this strife between Zymotic ferment and vital force would ensue, and sometimes does, were it not that the period of the storm becomes obedient to its law, and life becomes dominant again. The agitated muscles become more calm, the air cells re-open their reviving inlets, and genial warmth begins to steal over the en-crimsoning flesh. But the heart now increases its force, the eyes burn and ache, the ears seem deafened by painful sounds, the temples throb and the

brain reels with giddiness, and grows wild with quick chasing thoughts; Iceberg and fire seem to have entered the lists to drive life from its citadel, when a gentle dew spreads silently over the scorching brow and dripping with wet, at last, a reprieve for a time is gained, and a slow return to self takes place. Truly the afflicted subject might exclaim with the western Job, that he had gone through a "constitutional earthquake."

Neither liver, nor lung, heart nor bowel, play as chief actors in this masquerade of disordered action, they are the mere stages; the master performer is the cerebro-spinal system.

The cold stage is the patient's danger, the fever is his salvation; for no man dies with the fever on him, he dies when it leaves him. The fever is the measure of the chill; it shows how much carbon laid up in the blackened blood, has to be burned off by the quickly inspired oxygen.

In some persons the fever runs not so high, as the associated organs take part of the labor; the kidneys void products, rich in urea, lithates, etc. the liver unloads the circulation of part of its carbon by secreting bile, whilst the skin throws off the organic and saline matters.

The blanched and tawney appearance, left after an attack of Intermittent fever, indicates the destructive action of the poison upon the red corpuscles of the blood; and, thus it is, by the gradual diminution of these corpuscles, that, the capacity for oxygenation decreases *pari passu*, (especially in the uncomplicated cases,) entailing the immediate and remote consequences dependant on such a condition. Capillary congestion of the brain, spinal cord and visceral organs ensues, the amount depending upon the dose of the poison and the condition of the parts prior to the invasion.

In certain regions, the effects of the malarial poison are so pernicious, as to induce at once those changes in the nervous centres, which in other situations result more slowly; hence the shock is greater, and the constitutional resistance is brought to its lowest condition, prostrating all effort toward reaction, tetanic convulsion, or death by asphyxia and coma speedily closing the scene. But, where the dose is not so great, or, the constitutional resistance is greater, tolerance is in a degree established, and the phenomena are not so rapidly obvious; although the functions of animal and organic life are completely hampered, and the prognosis is generally unfavorable.

Taking the average of the early symptoms, the first impression of the miasmatic poison is upon the medulla oblongata, the respiratory tract seeming to feel the brunt of the disorder with the greatest severity. Indeed, in many instances of pernicious Intermittent, the impression upon the nervous centres is so violent, that, the bronchial mucus surface and pulmonary cells fall at once beneath the invasion, intense bronchitis and pneumonia being ushered in; so that, if even reaction be in-

clined to be established, the patient succumbs, from the lungs not being in a fit condition to aerate the blood, so heavily charged with carbon, and other excretory impurities.

Thus it is, that the secondary results of the miasm, induce a condition fraught with double danger to the patient, by establishing a lesion in an organ whose integrity is so essential to the performances of life, and by withdrawing the attention of the practitioner from the primary engagement and cause. Hence, in these cases of sudden result, the *autopsy* is frequently incorrect in its definition, as congestive bronchitis or pneumonia, may be recorded as the cause of death; when the injury to the cerebro-spinal system was the specific agent in these conditions, which were resultants; the poison of ague, either, not being recognized, or inadequately appreciated as regards its pathologic *locale*.

Again, an attack of ague may have passed away; the health may have been almost completely restored, and *time* seems to the patient, to form the chief element towards perfect recovery. But *this time does not come*—for *neuralgia* makes its appearance, bearing the mark of periodicity—or, rheumatic pains attack the joints and fibrous tissues—or, a cough sets in with dyspnoea and pain in the *left* side—and, in women, a chlorotic condition ensues with *amenorrhœa*, for the fibrin, generally, is not lessened—or, pelvic pains are complained of, with *dysmenorrhœa* rendering life a monthly burden, from the engorgement of the fibrous tissue of the womb or ovaries—or congestion of the kidneys takes place, and the urine is coagulable by heat and nitric acid, whilst at the same time the *respiration is imperfect*—or, sharp, cutting, and shooting pains dart about and through the head, whilst the patient is drowsy, and the skin assumes an icterode hue, and paralysis of an organ or organs—of locomotion or of function—or both—gradually comes on, either to depart as slowly as it approached, if health become tardily renewed; or, to increase the difficulties in the performances in the rôle of organic life, by charging the system more and more with accumulating impurities and decay, till the web of life is completely worn out.

The secret of these various disorders lies in the continuance of the malarial poison—the secret of the *cure* or relief, in conjoining the treatment accordingly.

No disease of itself or its engagements, holds out so many false lights as regards its absolute pathologic condition, as Intermittent fever. Inflammation appears to attend its every step, if *mere symptoms were regarded*—yet, such is not the fact, as witnessed by their varying states in obedience to the type of the disease, and by the resistance to the treatment found efficient in other cases attended by true inflammation. For the action of an anti-periodic dispels in most instances all learned fears. Nor are the organs upon inspection found as having passed through the grades of inflammatory progress.

The spleen is frequently found enlarged and softened—the liver is also, in chronic cases, indurated as well as

increased in size, dropsical effusion into the serous cavities taking place, as a result of the capillary engorgement, and depressed nervous energy.

Whenever inflammation is suspected to be associated with ague, attention should be paid strictly to the persistence of the symptoms during every stage, to the state of the pulse, and the effect produced upon the grade of the disease, by which its character receives a noticeable change, in conjunction with the objective condition of the blood itself, as regards the increase of the fibrin which always takes place during *true* inflammatory action. Even in these last corroborations, due regard must be given to those accidental or direct circumstances influencing the production of fibrin, as witnessed during pregnancy or from inflamed surfaces by blisters, &c. In most of these cases deemed inflammatory, the symptoms are attributable to irritation, and the changes in the exhausted reproductive energies of the parts.

Prior tendencies to disease of some particular organ are frequently liable to be developed into an active existence, especially after an attack of ague of the pernicious or malignant kind. This has been frequently noticed by me, in individuals returning from California, where they became subject to the disease of that climate. Whilst, where the person was previously subject to some of the Protean disorders of the nervous system, a contrary result has often times taken place, the specific operation of the malarial poison upon the nervous centres, producing a substitution of the original malady.

Imitative in some degree of Intermittent action may be enumerated, sudden injuries to the mucus surface of the internal passages; as evidenced in the effects from the *shock* experienced by some, in passing the catheter or sound into the bladder—or in cases of hardened scybala in the pouch of the colon or rectum—of intestinal worms, and the first “*approche*” in the female, &c. The impression in these instances is conveyed by the sensory nerves to the spinal column, inducing a condition representative of the periodic *nîsus*.

Again, a state resembling disguised or ill-defined Intermittent is to be found, particularly in the *internal generation* or *absorption of pus*—although the symptoms are more allied to the remittent form of fever. The absence to exposure; the irregularity of the chills or shiverings, *which are of no certain duration or interval*—the continued frequency of the pulse (generally remaining over 96)—the peculiar clammy state of the skin, (though at times harsh and dry,)—the white creamy tongue, resembling the “*cow tongue*,” and the *persistence of the exacerbations in spite of Quinine*, which is frequently called for in the sulphuric acid solution, as a tonic to the system, and a direct tranquilizer to the over action of the heart; these and other signs, are only to be mentioned, to cause the avoidance of an error in diagnosis, which may prove so dangerous to the patient, and which has been made by men whose experience should have taught them better.

Treatment—On this subject I have but few words to say; calling merely attention to the facts mentioned above, viz: that the cerebro-spinal system is chiefly affected—that by the inadequate performances of the lungs and liver, the blood is rendered more carbonaceous than consorts with healthy action, and is deprived of its red corpuscle, and that engagements of other organs are apt to occur during the period of attack, or after an interval of comparative restoration. This review then naturally leads to the topical treatment that should be addressed to the spinal column—to the action of calomel for its specific effect over the liver, by causing an excrementitious product of bile, to aid the impaired lungs in the office of decarbonization, and to the timely preparations of iron—especially the Iodide—to restore its lost corpuscular constituency.

The choice between the internal administration of Quinine, bark, chinoidine, arsenic, copper and other mineral tonics is only to be learned by experience and in many cases by trial; whilst the idea of the inflammatory action of the intercurrent affections is to be mostly avoided—local detraction over the spleen may be called for—but more trust is to be placed in the preparations of Iodine.

The only novelty I shall mention in the treatment is the *endemic application over the spine of a saturated solution of Quinine*, or, by placing the powder upon denuded blistered surfaces, six or eight inches apart, of the size of a shilling piece, down the whole tract. This has proved to me of specific efficacy in cases that have resisted the full effect of internal treatment.

When the solution is employed, the skin should be well stimulated by friction or mustard, that the more rapid absorption of the Quinine should ensue. Not only in the treatment of ague will this be found beneficial, but also whenever *tonicity* is required, and the internal use of tonic remedies is desired to be avoided.

The spinal system is always more or less at fault whenever tonicity is impaired; and remedial measures, to have the looked for effect, must directly or indirectly operate through the spine, or by improving the quality of the blood nourishing it.

In conclusion, I will add a valuable hint in the administration of Quinine in cases accompanied by great prostration of the heart's action, as sometimes witnessed in those furious attacks of pernicious fever desolating some sections of our country, viz: to *conjoin brandy with the alkaloid*, to control its sedative action over the heart, when given in large doses.

NO. 638 BROADWAY.

Report of Two Puerperal Cases by Dr. Walter O'Reilly.

The following two cases of Puerperal fever may not be uninteresting in consequence of their complication with ascarides in the intestines.

Mrs. R.—, residing in Avenue A, of a sanguine temperament, born in Ireland; husband a stonecutter;

was confined of her second child, a girl, on the evening of Sunday, July 4, 1852, about ten minutes previous to my arrival. And after waiting half an hour, no symptoms of uterine action manifesting itself, I extracted the Placenta without any difficulty. The case went on well until the morning of the fifth day, Friday the 11th, when she was attacked very suddenly with a severe rigour, lasting about an hour, produced by, as I afterwards ascertained, her having injudiciously got out of bed the evening previous, remaining up for some time. On calling in the afternoon I found her in an extremely bad condition, pulse 120, full but no decided hardness; pains in the head, back and abdomen; intolerance of light; tongue white and loaded; bowels constipated; urine high colored and scanty; thirst and heat of surface excessive; milk and lochia suppressed, with tenderness of the abdomen, more especially over the uterus, which could be detected large, firm, and hard in the hypogastrium, as high as midway, between, the pubis and umbilicus. Ordered at once a large mustard plaster over the abdomen, to remain on half an hour, followed by a hot linseed meal poultice, sprinkled with mustard, to be renewed every three hours, and to, have toast tea, milk whey, or barley water, ad libitum, with the following pills, followed by Oj. Ricini, &c.

Pil. Hydrarg. grs. v.

P. Ipecac. gr. ss.

Soda Bicarb. gr. v.

Ext. Hyose. gr. iij.

M. ft. Pil. iij.

At ten o'clock, p. m. found the medicine had operated freely, but without any mitigation, or material decrease of the most urgent symptoms, nor any return of the chills, prescribed eight leeches over the abdomen, to bleed for two hours, using warm fomentations to promote that object, and then to reapply the linseed meal poultice, as warm as possible, every four hours, leaving out the mustard, and to have the following powders, one every hour:

Hyd. Submur. gr. xvij.

Pulv. Doveri. gr. xxiv.

ft. Pulv. xij.

12th, seven o'clock, a. m. leeches had a good effect, pulse 80, pains in the head, back and abdomen diminished; less tenderness on pressure, or intolerance of light, profuse diaphoresis, micturition free and unaccompanied with pain, less thirst, but complains very much of a bad taste in the mouth; mercurial odour or influence not perceptible as yet; some soreness still remaining in the original seat of pain, and tenderness; ordered to reapply the leeches again, with subsequent fomentation to encourage the bleeding, and to continue as before, the poultices and powders, one every two hours.

2 o'clock, p. m. considerably worse, but no return of the rigours, although the leeches had taken again and bled very freely; great prostration of the physical

middle stature, and had the perfect use of all the muscles of the body. A family physician attended her during the paroxysms of pain and nervous excitement mentioned, but was ignorant of the real cause of these symptoms. He treated her by bleeding, cathartics, op. &c. The tumor enlarged, and the symptoms were continued till I was consulted in her case. The tumor was fifteen inches in circumference, covering the upper portion of the sacrum, and four of the lumbar vertebræ of a conical form, rising about seven inches, covered by integuments, and distended with fluid.

She had managed, by adjusting her clothes, so as to keep the deformity from being much exposed or noticed. While riding in a carriage she was injured and put in pain by having the tumor pressed against the seats, and always afterwards suffered with the symptoms mentioned.

Walking, or whatever exercise, fatigued her much, and uniformly produced lassitude and nervous excitement. She had suffered from the great enlargement and concussion of the tumor for several months anterior to my seeing her, more than at any previous period. Indeed she was reduced to a constant state of danger and distress.

I advised an operation, which was made by dividing the upper portion of the tumor with a scalpel about five inches encircling the prominent portion of the tumor within two elliptical incisions. Twenty-two ounces of fluid was discharged, carrying the appearance of pure alcohol. On standing till cold, it had the appearance of serum or lymph, but was more like distilled water. The incisions and removal of parts exposed the interior and bottom of the tumor. Its cavity was lined with the duramater, distended and enlarged with the fluid mentioned, two of the lower spinous processes were wanting; a cavity was presented, and the spinal cord in its natural position and covered with the pia mater was perceptible.

The divided parts were brought together and secured by adhesive straps, and covered with compresses and a bandage applied.

She suffered but little by the operation, except the former symptoms from concussion. These were very great for a few minutes.

There was a constant secretion and discharge of fluid from the parts for the first five days, with general neuralgic symptoms, and increased arterial excitement, which were mitigated by large doses of opium, and warm fomentations over the spine and incised parts. A suppurative process took place freely about the tenth day, and a union of the parts followed with a mitigation of all the symptoms. A sound state of the parts with a depression of the integuments over the deranged portion of the spine followed, and she has enjoyed good health up to this time, Sept. 20, 1852.

This tumor carried with it from the birth of the individual, the appearance of those I have described as curable.

Much observation and practice in these affections has convinced me that it is important for surgeons to possess a correct pathological knowledge of the nature and formation of these tumors, before they attempt a cure or adopt any mode which may be suggested or practised for that object.

AMASA TROWBRIDGE, M. D.

From the New Jersey Reporter.

Death of Physicians in Philadelphia.

JAMES B. ROGERS, M. D.

of the University of Pennsylvania. Dr. Rogers was one not engaged to any considerable extent in the practice of medicine. He was a naturalist and chemist, and devoted the most part of his life to this department of science. He had reached the zenith of his ambition, being honored by the University with the appointment of Professor of Chemistry, which office he filled with dignity and success, when he was cut down as the flower of the field, in the midst of usefulness and the pride of his just matured and developed powers. He was an animated and attractive lecturer, mild and dignified, in his demeanor to the class, affable in his intercourse with all, generous and noble in his affections; while it is believed he endeavored to cultivate the Christian virtues during life, as in death quietly resigned himself in simple faith to the will of Him who called him from earth to heaven.

We have also to notice the death of

G. W. PATTERSON, M. D.

of the Northern Dispensary of Philadelphia. He fell a victim of pulmonary consumption, which had for some years past warned him of his approaching end. His urbane demeanor towards all, and particularly his gentle care of the poor who came under his notice at the dispensary, earned for him a name, which, while it may not be ranked among the great of this world, has no doubt been recorded among the good who inhabit the world above. He was a valuable correspondent of the *Reporter*, and, had his life been prolonged, would probably have furnished a series of articles on various diseases treated under his official charge. His life was useful; his end was peace.

It will not perhaps be expected of us to say much of

ISAAC PARRISH, M. D.

whose sudden removal has cast a gloom over a large circle of friends, and, indeed, over the whole community in which he lived. He was too well known and too much valued to be forgotten; and while no words of ours are needed to perpetuate his memory, we may be permitted to record here a simple tribute of fraternal love. He was our brother; and in his earnest devotion to the profession and all its interests, we cannot but remember the kind and fostering care with which he watched even our steps in the early dawn of our professional existence, and freely offered a brother's counsels to guide and guard the reputation, while he presented in his own example lofty principles and generous Christian motives and objects as the only true safeguard

to character, and the only means of acquiring honorable distinction. Moved by such impulses, he secured the confidence of the profession, the esteem of the community, the affection of his patients, and that inward peace and joy which consoled him in the hour of death. In life he bore the Christian's cross, and now he wears the Christian's crown.

New-York Medical Gazette Advertiser.

SMITH'S OPERATIVE SURGERY COMPLETE.

LIPPINCOTT, GRAMBO & Co. No. 14 NORTH FOURTH STREET, Philadelphia, have just published,

A SYSTEM OF OPERATIVE SURGERY,
Based upon the practice of surgeons in the United States, and comprising a bibliographical index and historical record of many of their operations for a period of 200 years. By Henry H. Smith. M.D. Illustrated with upwards of 1000 Engravings on Steel. The whole forming one large octavo volume.

CONTENTS.

- Parts 1 and 2—General and Elementary Operations, as well as those upon the Head and Face.
Part 3—Operations upon the Neck and Trunk.
Part 4—Operations upon the genito-urinary organs of the Male and Female.
Part 5—Operations practised on the Extremities.

A Bibliographical Index

Of most of the Surgical Papers connected with the subject, is attached to each Part.

The Plates will be presented either tinted or in colors. Price \$7.50 tinted—\$15 colored to nature.

L., G. & Co. have also lately published—
The Dispensary of the United States, by Drs. Wood and Baché. Ninth Edition.

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By an experience of a long series of years in Europe and the United States, we are enabled to furnish every kind of Surgical and Orthopedical Machines and Instruments, Trusses, Bandages, &c., &c. in such an accomplished manner as the progress of our age in arts and sciences demands it inevitably. We, therefore, invite physicians and surgeons to give us a call at our office, 58 Chatham-street, (2d floor), and to see and examine our articles, especially the above instrument for Vaccination, which is the most finished article of its kind.

MEDICAL COLLEGE OF GEORGIA.

The Twenty-First Course of Lectures, in this Institution, will commence on the First Monday in November next.

- Anatomy, G. M. NEWTON, M.D.
Surgery, L. A. DUGAS, M.D.
Institutes and Practice of Medicine, L. D. FORD, M.D.
Physiology and Pathological Anatomy, H. V. M. MILLER, M.D.
Materia Medica and Therapeutics, and Medical Jurisprudence, J. P. GARVIN, M.D.
Obstetrics and Diseases of Women and Infants, J. A. EVE, M.D.
Chemistry and Pharmacy, ALEX. MEANS, M.D.
Demonstrator of Anatomy, H. F. CAMPBELL, M.D.
Assistant Demonstrator, ROBERT CAMPBELL, M.D.

Clinical Lectures will be delivered regularly at the City Hospital, and ample opportunities will be afforded for the Study of Practical Anatomy. Important additions have been made during the present year, to their means for Demonstrative Teaching in Obstetrics, Pathological and Surgical Anatomy, Diseases of the Skin, &c. &c.

For further information application may be made to any member of the Faculty or to
Augusta, July, 1852.
G. M. NEWTON, Dean.

**GENEVA
MEDICAL COLLEGE,
Spring Course, 1853.**

The Nineteenth Annual Course of Lectures in this Institution will commence on the first Wednesday of March, 1853, and continue 16 weeks.

CHARLES B. COVENTRY, M. D. Professor, of Obstetrics, and Medical Jurisprudence.

JAMES WEBSTER, M. D. Professor of Anatomy and Physiology.

CHARLES A. LEE, M. D. Professor of Materia Medica and General Pathology.

JAMES BRYAN, M. D. Professor of the Principles and Practice of Surgery.

GEORGE HADLEY, M. D. Professor of Chemistry and Pharmacy.

WILLIAM SWEETSER, M. D. Professor of the Theory and Practice of Medicine.

GEORGE W. FIELD, M. D. Demonstrator of Anatomy.

A Surgical and Medical Clinique is held every day at 12 o'clock at the College, at which numerous and important cases are presented for treatment. The Dissecting Rooms are opened, early in the Session, and well supplied with material.

Fees for the whole Course, \$62; Matriculation Ticket, \$3; Dissecting Ticket, \$5; Graduation, \$30.

Board, including el, lights &c \$2 per week.

CH'S A. LEE, M. D. Dean.

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EMPLASTRUM GUMMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

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AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,
SCALDS, BOILS, ABSCESS, DRESSING OF BLISTERS,
&c. &c.

It has likewise been found highly beneficial in all other cases, where the use of an Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

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INCIDENT TO THE PERIOD OF NURSING,

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AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

AS A SUPPURATIVE,

It speedily promotes the formation of pus, and (superseeding the use of Poultices, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

In its application to OLD SORES and ULCERS, it very speedily cleanses, and gradually and effectually heals them.

Numerous instances have occurred of its effecting a perfect cure in cases of Old and very Inflamed SORES, when AMPUTATION WAS DEEMED ALMOST INDISPENSABLE.

The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

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C. S. CLAY, Kingston, Ulster County, N. Y.
H. G. FOWLER, Auburn, N. Y.
WILLIAM B. HAIGHT, Stamford, Ct. and
S. SAWYER, 124 Lake-st. Chicago, Ill.

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LOW'S Genuine Brown WINDSOR and HONEY SOAPS, Perfumery Fancy Articles, Fancy Soaps, Brushes, Extracts, Bronzes, Trusses, Leeches Paints and Oils, Dye Stuffs, Druggists' Labels, Window Glass, Surgical Instruments, Druggists' Glass Ware, Hatters' Goods, Shakers' Herbs and Roots,

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ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native Drug.

It contains all the valuable medicinal properties of Opium in natural combination, to the exclusion of its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium.

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Dec. narcotized Laudanum, and every other Opium preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the sedative medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot achieve, and thus in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of Morphine.

3. And as a Preparation, it is not liable to decompose or deteriorate like the Solutions of Morphine; and thus is obviated a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium is the remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Webb will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1816.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering yours before, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any facts with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it secured to act like a charm in allaying the most dangerous symptoms when ever means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public notice, and I know of no substitute for it in all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic property of Opium. A case occurred recently, in which the use of this Elixir, in the form of a dose resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of sensorial power or volition, without my discovering the causes; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, justifying that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful slumber, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M.D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN all his right, title and interest in this article, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

PHILADELPHIA COLLEGE OF MEDICINE.

Fifth-street, a few doors south of Walnut.

The Twelfth Course of Lectures will be commenced on Monday, October 18th, 1852, and be closed on Saturday, February 26th, 1853.

President, Hon. JESSE R. BURDEN, M. D.—Faculty: James McClintock, M. D. Professor of Anatomy; Rush Wan Dyke, M. D. Professor of Medicine; James Bryan, M. D. Professor of Surgery; Ezra S. Carr, M. D. Professor of Chemistry; Frederick A. Fickardt, M. D. Professor of Materia Medica; John K. Mason, M. D. Professor of Midwifery; David Paul Brown, Esq. Professor of Forensic Medicine; Henry Goadby, M. D., F. L. S. Professor of Histology; George Hewston, M. D. Demonstrator of Anatomy.

Fees.—For Matriculation, only once paid, \$5.00. For each ticket of the Governing Faculty, six Professors, \$15—\$90. For a perpetual ticket, \$160. For a third course, to those who have attended two full courses in other colleges, \$50. For Graduation, \$30.

For Practical Anatomy, including Recapitulatory Lectures,	\$11
Recapitulatory Lectures alone,	5
Histology and Microscopy, optional,	5
Forensic Medicine, do.	5

The ticket to the Pennsylvania Hospital is presented to every full course and perpetual ticket paying Candidate for Graduation. In addition to Hospital advantages afforded in the city, Clinical Instruction is given in the College.

The thirteenth session of the Institution will commence on Monday, March 11, 1853, and close about July 10th, 1853. •

For further information inquire of

JAMES MCCLINTOCK, M. D. Dean,
No. 1 North Eleventh-street, Philadelphia.

August 20, 1852.

PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.

NINTH, BELOW LOCUST-STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D. Professor of the Theory and Practice of Medicine.

JOHN WILTBANK, M. D. Professor of Obstetrics and Diseases of Women and Children.

HENRY S. PATTERSON, M. D. Professor of Materia Medica and Therapeutics.

DAVID GILBERT, M. D. Professor of the Principles and Practice of Surgery.

JOHN J. REESE, M. D. Professor of Medical Chemistry and Pharmacy.

J. M. ALLEN, M. D. Professor of Anatomy.

FRANCIS GURNEY SMITH, M. D. Professor of the Institutes of Medicine.

WILLIAM H. GOBRECHT, M. D. Demonstrator of Anatomy.

The Lectures for the Session of 1852-3 will commence on Monday the 11th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator Clinical Instruction at the College and at the Pennsylvania Hospital in the immediate vicinity.

Fees.—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information apply to

D. GILBERT, M. D. Registrar,
181 N. Ninth-street, Philadelphia.

August, 1852.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1852-3.

The regular Course of Lectures will commence on Monday, the 11th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M. D. Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D. Professor of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M. D. Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D. Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D. Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D. Professor of Chemistry.

ELLERSLIE WALLACE, M. D. Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, two thousand and twenty-nine cases were treated, and three hundred and eight operations performed. Among these were many major operations—an amputation of the leg, thigh, arm, hand, mamma, &c. trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the Dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEES.

Matriculation, which is paid only once,	\$5 00
Each Professor, \$15	105 00
Graduation,	30 00

The number of Students during the last session was 506; and of Graduates 228.

R. M. HUSTON, M. D.
Dean of the Faculty, No. 1 Girard-street.

July, 1852.

FREE MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.

SESSION 1852-3.

ZINA PITCHER, M. D. Emer. Prof. Institutes of Medicine and Obstetrics.

SAMUEL DENTON, M. D. President, Prof. Principles and Practice of Medicine.

ABRAM SAGER, M. D. Prof. Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLASS, M. D. Prof. Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D. Prof. Anatomy and Surgery.

J. ADAMS ALLEN, M. D. Secretary, Prof. Materia Medica, Therapeutics and Physiology.

EDMUND ANDREWS, M. D. Assistant Lecturer in Anatomy and Demonstrator.

The Third Annual Session will commence upon Wednesday, the 6th day of October next, and continue till the third Wednesday in April ensuing. A Matriculation Fee of Ten Dollars entitles to the privilege of permanent membership. Four Lectures daily, or a total varying from five hundred and forty to five hundred and sixty during the entire term.

The prime object of the Institution will continue to be, to carry out as strictly as possible, in spirit and detail, the requirements of the National Medical Association.

For further particulars, if desired, address the Secretary of the Faculty at Ann Arbor, Mich.

J. ADAMS ALLEN, Sec.

THE

NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH,

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Vol. III.

NOVEMBER 1, 1852.

Nos. 21 & 22.

CONTENTS.

New Series.—Our Journal, ...	297	Gleanings from the Medical Times, ...	303	Democracy and the Doctors, ...	310
University of Michigan, ...	298	Georgia Medical College, ...	303	Another Letter from Saratoga, ...	312
New-York Medical College, ...	298	Deplorable, ...	304	Foreign Honors conferred on an American	312
Emigrants' Hospital Statistics, ...	298	A Palpable Hit, ...	304	Surgeon, ...	312
Medical Politics, ...	299	Hospitals in Paris, ...	305	Foreign Quackeries and the Drug-Inspection Law, ...	312
Our Neighbor of the Medical Times.—Professional Nonsense, ...	300	American Medical Association, ...	305	Our Medical Schools and Medical Students, ...	314
Homoeopathy, ...	301	Birth of Monsters.—Anatomical Drawings, ...	306	Selected Items, ...	314
University of New-York, Medical Department, ...	302	Simple Tests of the Purity of Chloroform, ...	306	Dr. Alban Goldsmith's Lecture on Strictures, ...	315
St. Luke's Hospital, ...	302	To the Editor of the Philadelphia Medical and Surgical Journal, ...	306	Miscellaneous, ...	315
Medical College, ...	303	Artificial Production of the Flavours and Odours of Fruits and Flowers, ...	307	Cholera, ...	317
University of Pennsylvania, ...	303	Recommendation of Nostrums, ...	308	Lectures on Uterine Displacements, by Professor Barker, ...	319
American Journal of Pharmacy, &c. New-York Journal of Pharmacy, ...	303	Hints on Medical Education, ...	308	New Publications, ...	321

COLLEGE OF PHYSICIANS AND SURGEONS

OF THE

University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of October, 1852, and continued until March 10th, 1853, (commencement day.)

ALEXANDER H. STEVENS, M. D., LL. D. President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., LL. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D. Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D. Professor of Physiology and Pathology (including Microscopy.)

ELISHA BAWTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

LEWIS A. SAYRE, M.D. Prosector of Surgery.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures \$15; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers. (Professor Smith being one of them.) Fee \$8 per annum; at the Bellevue Hospital twice a week, without fee. (Professors Parker and Clark belonging to the Medical Staff) at the Eye Infirmary, without fee, and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continue until the 11th October.

The Course will be free.

R. WATTS, M. D. Secretary to the Faculty.

College of Physicians and Surgeons,
67 Crosby-street, New-York. }

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARKER, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. FRASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

HON. JOEL PARKER, LL. D. Professor of Medical Jurisprudence.

C. C. ALLEN, M. D. Lecturer on Dental Surgery.

ANDREW K. SMITH, A. M. M. D. } Prosectors to the Professor of
DUNHAM GREEN, M. D. } Surgery.

D. S. CONANT, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened for Classes on the 1st of October. This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practice his profession in any part of the State without being subject to the annoyance of examinations from Medical Societies.

R. OGDEN DOREMUS,

New-York Medical College,
East Thirteenth-st. near Broadway. }

Dean of the Faculty.

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEDEDIAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, Jr. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LANDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

FEES.—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

CASTLETON

MEDICAL COLLEGE.

There will be annually two full Courses of Lectures in this Institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PERKINS, M. D. Professor of Materia Medica and Obstetrics.

EZRA S. CARR, M. D. Professor of Chemistry, and Natural History.

WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

Fees.—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10. Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel, and lights, can be obtained in respectable houses at from \$1.75 to \$2.50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

UNIVERSITY OF LOUISVILLE,

MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. VANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, JR. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinicque has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2.50 to \$3 a week.

L. P. VANDELL, M. D.

Dean of the Faculty.

August, 1852.

BALTIMORE COLLEGE OF DENTAL SURGERY.

Session 1852-3.

FACULTY.

CHAPIN A. HARRIS, A. M., M. D. Professor of Principles and Practice of Dental Surgery.

THOMAS E. BOND, A. M., M. D. Professor of Special Pathology and Therapeutics.

W. R. HANDY, M. D. Professor of Anatomy and Physiology.

ALFRED A. BLANDY, M. D. Professor of Operative Dentistry.

PHILIP H. AUSTEN, M. D. Professor of Mechanical Dentistry.

REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

The Mechanical and Dissecting Rooms will be opened on the last Monday of October. The Infirmary will be open throughout the year.

The regular Course of Lectures begin on the last Monday of November, and continue till the last of March.

Tickets for the Course, \$110; Dissecting Ticket, (optional,) \$10; Matriculation, \$5; Diploma Fee, \$30.

Good Board from \$2.50 to \$3.50.

The Faculty open their next Session in a New College, much larger, handsomer, and better adapted for all the purposes of Dental instruction, and situated in a more central part of the city. Contains two spacious and beautiful Lecture Rooms, an Infirmary, Mechanical and Dissecting Rooms; also a Museum, presenting Teeth of every pathological variety; anatomical preparations, plates, and models, with a large and costly chemical apparatus, thus furnishing the most ample mean for illustrating the several Departments.

W. R. HANDY, Deau.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 21 & 22.

NOVEMBER 1, 1852.

\$1 PER ANNUM.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT—SESSION 1852-3.

The Lectures will commence on Monday, October 11th, and terminate in the middle of March ensuing.

Theory and Practice of Medicine, by GEO. B. WOOD, M. D.

Anatomy, by WILLIAM E. HORNER, M. D.

Materia Medica and Pharmacy, by JOSEPH CORSON, M. D.

Chemistry, by ROBERT E. ROGERS, M. D.

Surgery, by WILLIAM GIBSON, M. D.

Gynecology & Diseases of Women & Children, HUGH L. HODGE, M. D.

Institutes of Medicine, by SAMUEL JACKSON, M. D.

Clinical instruction at the University twice weekly, and at the Pennsylvania Hospital.
J. CORSON, Dean,
332 Walnut-street.

LECTURES ON DISEASES OF THE CHEST.

The undersigned proposes to continue his Winter Course of

Free Lectures on Diseases of the Lungs and Heart,

On every Tuesday evening, (commencing November 2d,) from 8 to 9 o'clock, at

The College of Physicians and Surgeons, Crosby-street.

Illustrations will be given by numerous

CASTS, DRAWINGS AND MORBID SPECIMENS.

There will be a

CHEST CLINIQUE,

with Pathological Demonstrations, at 3 o'clock, on each succeeding Saturday afternoon, at his

Office, No. 49 East Broadway.

Students, and Members of the Profession, are respectfully invited.

JOHN W. CORSON, M. D.

One of the Physicians of the Brooklyn City Hospital.

TO MEDICAL STUDENTS

And the Profession.

DR. ELLIOTT'S LECTURES ON THE THEORY AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY, including the Anatomy, Physiology, and Pathology of the Human Eye, will be resumed during the ensuing winter. Clinical and microscopic demonstrations with dissections of the organ, and magnified drawings from nature, will illustrate the course.

Special attention will be paid to the reciprocal relations and sympathies between the structure of the eye and the vital organs, showing the indispensable necessity of general and constitutional treatment in all forms of Ophthalmic disease.

Circulars, containing full particulars and testimonials, may be obtained by calling on Dr. Elliott, at his office, 498 Broadway, on Mondays, Wednesdays and Fridays, between 10 and 3 o'clock

NEW SERIES.

One more double number, that for December, will conclude the present volume of the New-York Medical Gazette.

As already announced, the January number will commence the *fourth volume*, and NEW SERIES which has been promised. The subscription price will thenceforward be Two DOLLARS per annum, and must be paid in advance, or three dollars will be charged. The size, paper, appearance, and typography will be improved,—each number will be stitched in paper covers, constituting a separate advertising sheet,—and the postage will be *pre-paid*, to secure faithful delivery, and enable all our subscribers to escape the postage tax. A title page and index will be annexed to the volume for binding, and wood cuts with other illustrations will be introduced whenever called for.

Discontinuances should be notified through the post-office, but we hope these will be few, as the necessary increase in price will be amply recompensed by the improvements contemplated.

N. B.—New subscribers should begin with the volume.

Our Journal.

[We have never before availed ourselves of a single notice of this journal or its editors from the multitude with which we have been kindly favored by our brethren of the medical press. And in giving place to the following hyperbolical overflow of kind feeling towards us and our humble sheet, by Professor Bryan of the Philadelphia Medical and Surgical Journal, to whom we are personally unknown; we design only to show how our labors are appreciated by disinterested men, beyond the reach of the cliques by whom we have been recently assailed, for our fidelity to the profession in the exposure of 'iniquitous quackery in high places. Our march is onward, as this and future numbers will show; nor shall we be intimidated by any amount of innuendoes, threats, or calumny aimed at our humble self, which as heretofore will only recoil upon their authors—"He that is careful of himself, was not made for the public."]

"*New-York Medical Gazette and Journal of Health.*
Edited by D. M. REESE, M. D., L. L. D., 775 Broadway, New-York. This Journal bears unmistakable evidence of having rapidly attained a wide circulation. The

learned and talented editor wields his pen with the strength of a giant. To "men *entirely great*, the pen is mightier than the sword." It is a pleasant consciousness that an editor feels, who is so much read, of his power and influence, in indicting an article on almost any subject. Dr. Reese has the faculty of making his journal bear strongly the impress of himself. This, in our opinion is a good feature in a medical journal, and should be encouraged, in our community; where journals (especially in our large cities) are often the mere mouth-pieces of institutions and cliques. Lamartine has said that there is nothing more despotic than a literary or scientific association. We have seen men's reputations damned, and their fair fame blown to the winds, by the infernal malice of cliques—through their journals, their mouth-pieces. A *free press* gives talent a fair field, and it *needs no favor*. The success of Dr. Reese's journal shows that the profession fully appreciates an independent and liberal press. We wish him and his journal God speed. The more of such the better for our young men."

Philadelphia Medical and Surgical Journal.

University of Michigan.

The regents of the University of Michigan at their meeting in July last, unanimously elected A. B. Palmer, M. D. of this city, Professor of Anatomy, including General, Descriptive, Morbid, and Microscopic Anatomy.

The University is located at Ann Arbor, one of the most beautiful towns in the whole State. It is amply endowed, and no charge is made for tuition. The Annual announcement, and the catalogue now before us, show that the institution is in a very flourishing condition.

New-York Medical College.

The general introductory, to the regular course of lectures in this institution, was delivered on the 6th of October, by Professor Peaslee, in the presence of a large audience. The subject chosen was the moral character and qualifications of the profession, and was an elaborate and meritorious performance. It will doubtless be published as it deserves. The lectures are now in progress, six being delivered daily. The class promises to be much larger than was anticipated, and every thing indicates a prosperous session.

The College building, museum, apparatus, &c. were thrown open to public inspection, and demonstrate that the preparations made by the Faculty for giving thorough instruction are not surpassed in the country. This college has shown an enterprize and industry, which should commend its able Faculty to public and professional favor.

College of Physicians and Surgeons.

The session of 1852-3, of this venerable institution, was opened on the 11th inst. by an Introductory dis-

course, delivered by Professor Bartlett, in the presence of a large audience.

After a brief exordium, skilfully and facetiously introducing himself in his new relation to this College, and which was most happily done, he announced his subject to be the history of Hippocrates. Those who anticipated from his theme, that a dull, dry, prosaic harangue was to tax their patience, were most agreeably disappointed. The lecture was throughout, a series of classical, rhetorical, and poetic pictures of the Hippocratican era, its philosophers, statesmen, orators, poets, painters, sculptors, historically and chronologically accurate, among whom the Father of Physic was graphically introduced, his character portrayed, his voluminous writings commemorated, and the sterling attributes of his true nobility exhibited for admiration. Some of his comparisons between the ancients and the moderns were made with exquisite appositeness and taste; while in the imaginative scenes he depicted in the medical life of Hippocrates, the lecturer frequently electrified his audience, and elicited very loud and repeated applause. Of the scientific and scholastic claims of Dr. Bartlett, nobody who heard this lecture can doubt.

We learn that the class is larger than ever before at this early period of the session, and this old College opens the winter with most encouraging prospects.

Emigrants' Hospital.

The medical year for Ward's Island Hospital, under the management of the Commissioners of Emigration, terminates on the 31st of August of each year. We give below the statistics of patients treated in the Surgical Department, under the charge of Doctor J. M. Carnochan, for the year ending on the 31st of August, 1852.

It appears from these statistics that during the year nearly 4000 Surgical patients were under treatment for diseases which are classified as General, Ophthalmic, and Syphilitic. On this number the ratio of deaths was less than two per cent.; a result, considering that many capital operations were performed, and that the diseases generally were of an acute character, without parallel in the history of Hospital practice. In fact, this per centage is less than that on the entire population of the City, (which is about four per cent.) including both the well and the sick.

GENERAL STATISTICS OF THE SURGICAL DEPARTMENT OF WARD'S ISLAND EMIGRANTS' HOSPITAL, FOR THE YEAR ENDING AUGUST 31st, 1852.

Patients remaining in the Hospital, Sept. 1st, 1851, ...	336
Admitted during the year ending Sept. 1st, 1852, ...	3600
Total under treatment, ...	3936
Discharged during the year, ...	3524
Died, ...	72
	3596
Remaining in the Hospital Sept. 1st, 1852, ...	340
Per centage of mortality on cases treated, ...	1 5-8

GENERAL SURGERY.

Adult Males,	1517
" Females,	660
Children under 12 years of age,	115
	2292

OPHTHALMIC SURGERY.

Treated during the year,	
Adult Males,	395
" Females,	149
Children under 12 years of age,	312
	856

SYPHILITIC SERVICE.

Primary Syphilis,	401
Secondary do.	257
Tertiary do.	26
Gonorrhoea,	101
Stricture of Urethra,	10
	795

OPERATIONS PERFORMED DURING THE YEAR.

Amputations of the Thigh,	3	Strabismus,	9
Do. of Leg,	3	Pterygia,	2
Do. of Arm,	1	Entropion (3 double),	11
Do. of Foot (Hey's operation),	1	Fistula Lacrymalis,	2
Do. of Foot,	2	Cataract,	4
Chopart's operation, and Hey's on same person,		Artificial Pupil,	1
Fingers,	13	Fistula in Ano,	3
Toes,	1	Dislocations of Shoulder reduced,	3
Lithotomy, (bilateral and lateral),	2	Hemorrhoids,	56
Strangulated Hernia,	1	Paronychia incised,	2
Eyes Extirpated (for malignant disease),	2	Tenotomy,	5
Femoral Artery tied,	2	Hydrocele,	2
Staphylophary,	1	by incision, 1 by tapping,	1
Hare-lip,	1	Variocoe Veins,	1
Resection of Tibia,	1	Sinus laid open, resulting from	
Do. of Femur,	1	hubeos hurrowing under rec-	
Do. of Metatars,	1	4 muscles,	
		Abscesses opened,	90

FRACTURES TREATED DURING THE YEAR.

Of Femur,	10	Ulna,	1
Tibia,	14	Both bones Radius and Ulna,	16
Tibia and Fibula,	1	Radius,	1
Fibula,	2	Maxilla inferior,	1
Patella,	2	Costarum,	2
Humerus,	7	Metacarpal bones,	4
Radius,	18	Phalanges,	2

DISEASES ADMITTED DURING THE YEAR.

GENERAL SURGERY.		Paraphimosis,	8
Anthrax,	15	Ruptura,	3
Abscesses,	95	Morbi Articulat.	42
" Mammar,	3	Stricture Urethrae,	4
Auchylosis,	5	Scirrhus Mammar,	6
Anasarca,	12	" Uteri,	8
Abrasioncs,	25	Tetanus,	5
Cancrum Oria,	25	Tumores,	5
Cophosis,	11	Ulcera,	565
Calculus Urinariu8,	2	Ustiones,	54
Dislocationes,	2	Vulnera,	32
Erysipelas,	134	Varia,	3
Erythema,	30	Fistula Vesico-Vaginal.	5
Ecthyma,	23	MORBI OCULORUM.	
Eczema,	67	Amaurosis,	41
Empyema,	16	Adenitis Pharyngarum,	24
Fung. of Scalp,	1	Conjunctivitis,	537
Fung. of Hamatodes,	2	Cornitis,	162
Forunculus,	37	Cheiodosis,	2
Fracturae,	86	Carcinoma,	3
Fistula in Ano,	6	Diplopia,	1
Gangrena Vaginae et Labiorum,	1	Emphysema Palpebrarum,	5
Hernia,	18	Entropium,	5
Herpes,	6	Fistula Palpebrarum,	4
Hydrops Ovariorum,	3	Hordeolum,	4
Hemorrhoides,	15	Iritis,	41
House Maid's Knee,	1	" Syphilitica,	9
Injuriae,	16	Ophthalmia Purulenta,	150
Impetigo,	11	" Tarsi,	20
Lupus,	1	" Canthari,	4
Neuritis,	1	" Ignem,	9
Nephritis,	2	Opacitas Cornea,	34
Nervus,	1	Scleritis,	35
Necrosis,	44	Staphylococci,	8
Olophonia,	5	Trachoma,	4
Prolapsus Ani,	2	Ulcus Cornea,	4
" Vesico-Vaginalis,	4	MORBI VENER.	
" Uteri,	65	11	
Paronychia,	11	Syphilis Prima,	401
Periphlegus,	14	" Secunda,	237
Porrigio,	50	" Tertiaria,	26
Prurigo,	9	Gonorrhoea,	101
Pernio,	1	Stricture,	10
Pericarditis,	1		
Pharyngitis,	16		

DISEASES OF THE PATIENTS WHO DIED.

Abscessus Lumborum,	2	Febris Typhus,	7
" Glutealis,	1	" et Pneumonia,	2
" Psoas,	1	Fungus Hematodes,	1
" Thoracis,	1	Hemoptysis et Phthisis,	1
Adenitis,	2	Hemiplegia,	2
Anasarca,	1	Morbus Brightii,	2
Caries Spinalis,	1	" Coxarum,	1
Cancrum Oria,	1	Madidus Cerebri,	1
Carcinoma Mammar,	1	Necrosis et Diarrhoea post Am-	
" Uteri,	1	putationem,	1
Cholera,	4	Phthisis,	4
" Morbus,	1	" et Syphilis Sec.	1
" Syphilitic Rupia,	1	" et Morbus Coxarum,	1
" Morbus Coxarum,	1	" et Scrophula,	1
Diathesis Hemorrhastica,	1	Pneumonia Typhoides,	3
Diarrhoea Chc. et Syphilis Sec.	1	Pleur Pneumonia,	1
" et Erysipelas,	1	Pleuritis et Pneumonia,	1
Dysenteria,	1	Phlegmonis Erysipelatosa,	1
Dislocatio Coxae, et Dysenteria,	1	Puerperal Peritonitis,	1
Debilitas,	1	Peritonitis,	1
Exhaustio,	2	Syphilis Tertiaria,	1
Erysipelas,	4	Scorbutica,	1
" et Diarrhoea,	1	Seneectus,	1
" et Syphilis Prim.	1	Tetanus,	1
Epilepsia, et morbus cerebri,	1	Valvus Capitis et Phrenitica,	1

Medical Politics.

Under the new charter for the city of New-York, the Department of Health is erected into a Bureau, and the City Inspector is placed at its head. This officer is therefore invested with new importance, and our profession have ever since maintained that this office should be filled by a thoroughly educated physician, its duties, including the Hygiene and Medical Police of this great city being such, that none but a medical man can adequately perform them.

The statistics of this department must continue to be worthless, while the City Inspector's office is, as heretofore, put into the market to be scrambled after by politicians, and given as a political reward, irrespective of the education and practical habits of the candidate.

Both the great parties have thus disposed of this office, by nominations of men, neither of whom, have any pretensions to medical knowledge. The expressed wishes of the New-York Academy of Medicine, and the great body of physicians in the city having thus been treated with contempt, Dr. John H. Griscom, has been put in nomination on the part of the profession, as an independent candidate for City Inspector, and this without reference to politics. We understand that the Temperance Alliance have adopted him as their candidate, and if his friends will do their duty, both parties will be taught a salutary lesson, whatever may be the issue of the contest.

The dictate of common sense should suffice to convince all men who think, as we humbly submit, that none but a physician is qualified for the office of Coroner, any more than for City Inspector. And yet each party have nominated for Coroner one or more candidates without medical knowledge, and in some instances as we learn without any other kind of knowledge. And this with the names of respectable physicians before them as candidates. The politicians need not marvel, therefore, to find that the army of doctors should enter the field, and rescue their profession from the indignity inflicted by awarding strictly medical offices, of which there are but a few, to non-medical men. We

shall chronicle the result, after having voted as in duty bound, for Dr. Griscom as City Inspector.

Our long acquaintance with both the political candidates, Messrs. Riddle and Downing, cannot justify us in favoring the election of either to an office, for which neither of them have the requisite qualifications. They will appreciate our motives, though they and their friends may entertain different views of the Department of Health, of which they aspire to be the head. But our opinions have been long since expressed, before it was known who would be the candidates. If it would be of any use, they would be welcome to our opinion, that either of them would if elected, fill the office as well as the present incumbent, and yet of his utter unfitness for the place, we have repeatedly spoken in this paper, and for the same reason.

Our neighbor of the Medical Times.

The following sprightly article, though from a *secular* paper, so called, contains a rebuke so richly merited, that we reproduce it here. In the first number by the new editor of the Medical Times, in which he pledges himself against "personalities," and "individual gratification," and abjuring all "cliques," he admits a gratuitous assault upon one of his neighbors, under cover of a review of his book, which is believed to be as untrue as it is malicious.

But the richest feature of the case, adroitly alluded to by the critic, is the miserable grace with which the clique known to surround and conduct this Medical Times, can prove anybody even for using the secular papers for self aggrandizement, and this, by the lowest kind of advertising puffs, cards and circulars. Who is it that not long since deluged the country with his announcements of his "great Orthopædic Institution," and thus invited club-foot patients to his name and residence? Who are the professors who have degraded the profession by cards, circulars and paltry advertisements in the daily papers, under the pretext of charity? And who has sent these *charity* patients to his own Apothecary shop, or that owned by his family, where they have been taxed under a high tariff for prescriptions, given at the clinics, thus monopolizing the trade? Whose paltry operations have been ludicrously puffed in the secular and Sunday papers? Who are ever before the public for "skin diseases," "chloroform," "urinary organs," "diseases of the chest," and other *specialities*, the exclusive or superior pretensions to which, is a humbug? Perhaps our neighbor of the Medical Times will answer these questions, and say whether any of these things are chargeable against Dr. Green. Possibly he may condescend to say on what authority he alleges against the latter that he "countenances popular notices in the daily papers," of his published works. Nothing "personal." Oh, no! Nothing for "individual gratification" in the immaculate Medical Times! No "clique" is conciliated by this mean insinuation

against Dr. Green, whose reputation and that of the college he has been chiefly instrumental in founding, furnishes the *animus*, of which the former editor was convicted, and from which the present editor cannot escape even in his first number. We are sorry for our neighbor, from whom we had begun to hope better things. But the "Mutual Admiration Societies," who can brook merit nowhere beyond their own cliques, have been too much for him. We opine that this partizan editor will find the following anything but an anodyne for his nerves:—

From the New-York Daily Times.

Professional Nonsense.

"We cannot close our notice of this work of Doctor GREEN (on the surgical treatment of polypi of the larynx and ordema of the glottis) without expressing our regret that he should *countenance the popular notices of it in the daily papers*, of which too many of a similar nature have appeared respecting his previous works, not to give the impression at least that they are not wholly without the knowledge of the author."

Medical Times for October.

We have nothing to say of the suggestion that the author referred to *may* have had a hand in the favorable notices of his book that have appeared in various quarters, except that it reflects no credit on the ungenerous mind from which it springs. We have no doubt that the suspicion is as unfounded as it is illiberal, discourteous, and unprofessional. But letting pass this fling, which it never should have entered into the heart of a gentleman to make, let us give a moment's attention to the professional sin which we are to infer is committed by the physician who does not discountenance a "popular notice" of his work by any of the "daily papers."

What authority has pronounced it unprofessional that a medical author's book should be reviewed by the secular press? What competent body has enacted in its code of medical ethics any such prohibitory clause? Will the pure-minded writer of the article in the *Medical Times* be kind enough to inform us (if it is not unprofessional to answer questions put by outside barbarians) on what article of the code he is ready to convict of unprofessional conduct the man who does not discountenance a notice of his book by the daily papers?

We suspect that the common practice of medical writers is not opposed to the policy of allowing a notice, even a favorable one, of their works, to appear in the secular journals. We can think of city practitioners who, within the memory of "yearling" readers, have made no protest, public enough for us to get wind of it, when their books have been very flatteringly noticed by lay members of the press. If our recollection serves us, this has been done within a twelve-month by men whom the *Medical Times* respect as honorable and above all reproach. We will not call names, lest that journal should suspect the very authors we think

of, as in collusion with us, to their characters' detriment.

Perhaps it is unprofessional in our medical brother's eye to publish a book at all—at least, a readable book—lest editors should stumble over a copy, and give it a "popular notice," by way of aiding a worthy cause. Perhaps a "popular notice" of the *Medical Times* would be discountenanced as unprofessional; or perhaps it is only a bound book which must avoid the Argus eyes of laymen. We are very much in the dark; we earnestly pray for light. We wonder if it is unprofessional to lecture before a popular audience. We are distressed to know whether it would be unprofessional to advertise in a daily paper a course of lectures—say, on "diseases of the skin," or a book on "diseases of the chest." Would it be unprofessional to advertise it as for sale? Or, if moved with gratitude for the advertising patronage, we should read it through, and should happen to understand the professional terms, by the aid of HOBLYN'S Medical Dictionary; and having a cough ourselves, and having been "sounded" by the author himself, and, consequently, having directed sufficient attention to the subject to be able to write a respectable notice, and should really put pen to paper, and advise all men interested in such matters to buy the book if they have the money to spare, has our medical friend done anything unprofessional in our act? Or must he protest that he discountenances all such popular notices, to save his standing with the profession?

It would be well if sundry "Old Fogies" who profess the healing art, could see themselves as others see them. Some of their scruples smell stronger of *ethnics* than of *ethics*—more of the backwoods and the very old times than of the present century and an educated and sensible community. We have taken their advice, and paid for it; we will give them a piece of advice gratis. They will find it as well, in the long run, to let us outsiders know something about medicine—we mean the general facts, the common, every day medical truths—such as we cannot help knowing. We read a good deal, because books are constantly in our way; and when we read we are very apt to indite our current reflections. We would advise them to let us deal as handsomely by our medical friends as we do by our political friends—to rebuke them when they deserve it, and commend them when they are worthy of commendation. If one of these old fogies writes a book, and the daily press does not give it a lift, (we appeal to their publisher if it is not so,) it dies henceforth. A medical journal, which seldom strays out of its Editor's clique, may puff it vigorously—the air never inflates the poor thing's lungs—it never cries. Why, forty doctors, we have not a doubt, read the *Daily Times*, while one glances at the *Medical Times*. Let a medical man, competent to the task, review, in the columns of the *Daily Times*, the next really worthy monograph that one of them shall publish, and the great majority of the physicians in the City and its vicinity are made aware of the existence of such a treatise, and there is

some prospect of a sale. But keep it religiously out of the daily papers, and let the *Medical Times* heave itself mightily in its behalf, and how many doctors will ever know of it, and how many will it move from the publisher's shelves?

We abhor quackery, and, most of all, quackery that nestles under the shrines of ESCULAPIUS, and boasts of its regularity. And the zeal for professional honor, in the case under review, seems to us far more hypocritical than *Hippocratic*.

Homœopathy.

We commend to all thinking men and women, who have been beguiled into the belief of any of the sophisms and absurdities of Homœopathy, the following plain exhibit of the bald assumptions upon which its theory and practice are built. All these "false facts," must be assumed to be true, lying as they do at the foundation of Hahnemannism, before the system can be rationally adopted.

1st. Homœopathy assumes, that the human body can never contain an injurious excess of blood, so as to render local or general blood-letting either safe or necessary.

Hence it forbids the abstraction of blood, as a remedy, under any circumstances of disease.

2nd. Homœopathy assumes, that the human stomach can never by any possibility contain any foreign body, or poisonous, or injurious matter, so as to call for the production of artificial vomiting.

Hence it denies that emetics are ever necessary or useful as remedies.

3rd. Homœopathy assumes, that the lower intestines are never so much overloaded with fecal accumulation; or that congestions or inflammations of any of the abdominal viscera, exist in disease to such an extent, as to demand cathartics for relief.

Hence it repudiates all purgatives and laxatives from its catalogue of remedies.

4th. Homœopathy assumes, that counter irritation as upon the skin, for the relief of painful disease of the internal organs, is unnecessary and injurious; and so of all revulsive agents.

Hence it proscribes all blisters and rubefacients because they are antagonistical to their text "*Similia similibus curantur*."

5th. Homœopathy assumes, that narcotic and anodyne agents are uncalled for and even mischievous.

Hence it forbids opium and its preparations, and all analogous remedies, in any quantity capable of producing sleep or diminishing sensibility.

6th. Homœopathy assumes, that poisons and all other drugs act upon the system, contrary to the laws of cause and causation in all other cases; their effects being not in proportion to the increase but to the diminution of their dose, and that to infinitesimal fractions; their influence on the body being in an inverse ratio to their quantity.

Hence they forbid the use of any drug in the *mini*.

num quantity, which is known by the experience of ages to be capable of producing any appreciable effect, and employ only the decillionth fraction of such dose, and affirm that "it is impossible that the dose should be too small."

When any of the tribe will dispose of these *assumptions*, *e pluribus unum*; we will give them a chapter to digest on the *inconsistencies* of Homœopathy, for their medical logicians.

University of New-York—Medical Department.

Truly, in the language of the New Hampshire Journal of Medicine, "the struggles for existence," of this School "are becoming, more and more desperate, and more and more unprincipled." Our ears are stunned with every day's report, and our table burdened with communications all demonstrating that the Medical Faculty of the University are "in a bad way." But we have admonished them of their antagonistic attitude towards the profession at home and abroad, and warned them of their inevitable defeat and overthrow, unless they would reform; and correct their blunders by reorganizing their Faculty and dismissing the incubus, who still sits enthroned in a position, for which he has no species of qualification, save his *pecuniary* claims! and his *gas*! Students of medicine will not pay for hearing lectures from any man, who will insult them by wholesale plagiarism, and then subject them to the humiliation of printing as original, what one of his colleagues is constrained by self respect to expose, under the significant title of "the Psychological Phenomenon." Nor can any device or artifice sustain a Medical School, while such an anomalous professor is retained in his chair.

The experiment is to be tried it seems another year, and his colleagues will find lecturing this winter to be "an expensive luxury!" They are welcome.

Since the above was written, Professor Draper has delivered an Introductory Lecture, for which see their chosen organ, the New-York Herald.

In celebrating the reclamation of Prof. Mott to the school, he brought forth "fruits meet for repentance," having learned by experience that the Faculty could not get on without him, and though late, now appreciate their indebtedness to him for their former success, on the prestige of which they now build their forlorn hope of resuscitation. But we fear they are beyond Galvanism, though he tried it upon that "*obstetrical clinique*," which, with its Munchausenisms, is scorned by the profession as the veriest claptrap which ever disgraced a medical school; and as conducted is every where spoken of as an outrage upon decency, which would not be tolerated in any respectable college in the country. That poor woman who is stately placed on the table at every successive clinique for the introduction of the speculum vaginae, is a complainant martyr to this scandalous experiment, while it is silly trifling with the students, the greenest of whom can discern the

humbug of pretending to teach any thing, except that the patient has been trained to submit to this degrading exposure before the class, with an insensibility very rare in her sex. We should be false to the morals of the profession if we did not utterly denounce and repudiate the outrage as wanton and unprofessional.

St. Luke's Hospital.

The first annual meeting of the corporation under this title, was held at the Stuyvesant Institute on the 18th ult. to which all friendly to increasing the hospital accommodations of the city were invited. Rev. Dr. Wainwright, Bishop-elect presided, and made an interesting address. Rev. Dr. Muhlenberg read the Report of the Board of Managers, by which it appears that a site has been procured on the 5th Avenue, near 54th street, conditioned that the hospital shall be erected thereon before November, 1853, and that it has been determined to raise by subscription one hundred thousand dollars as a foundation for this charity, of which \$60,000 have already been subscribed by some forty or fifty individuals, and the Managers express entire confidence in being able to collect the whole amount, and erect the building within the specified time.

Very earnest and able addresses were made, by Rev. Drs. Higbie, Bedell, Hawks, Vinton, and several other clergymen; and Her Britannic Majesty's vice-consul, who was present, with other laymen, took part in the meeting. A committee was appointed to co operate with the Managers in soliciting subscriptions for the endowment of the hospital, of which Dr. Edward Delafield was one, to whom our professional brethren who are prepared to give material aid to this good work, should by all means send in their names. The first and only legacy yet received by this Institution is from a physician; the late Dr. Wiley of Brooklyn, and amounts to \$10,000, so that our profession has a part in its endowment, as it is wont to have in every public charity.

We hail this movement as one eminently entitled to the confidence and patronage of the community, such a Christian hospital having long been a desideratum in this city, the want of which has been deeply felt by the Protestant clergy, as well as by physicians, whose duties call them among the sick poor. The objection to its denominational character, which has been made in some quarters admits of an easy remedy, if other church organizations will imitate the example here set before them of zeal and liberality. At least, 6 such hospitals are needed in our population, and may be sustained to a considerable extent by the revenue which will be derived from pay-patients, if well conducted, so as to afford comfortable apartments for wealthy strangers, who become sick at our hotels, or who come hither from distant parts of the country, for medical and surgical treatment, and would gladly pay liberally for such a refuge. Moreover, individual beneficence will be manifested by securing beds in such a hospital for private charity, and the bequests of dying Christians will be turned into this channel. There is no charity so wise, benevolent, and unexceptionable as that which provides the best care, the best nursing, and the best medical skill for the sick poor. "The poor are the best patients, for God is their paymaster."

Medical Colleges.

Our advertising columns bear testimony to the competition of these schools for medical students, no less than thirteen of them being announced in the present number, which is a greater number than can be found in any medical journal in the United States. We esteem it cause of gratulation, that so many of the schools avail themselves of our large subscription and wide circulation for these announcements, and cannot doubt that each of them will succeed in obtaining an augmentation of pupils by the publicity thus attained. We refer our readers to each of them, as meriting confidence and support; having been careful to refuse to announce any disreputable or quackish concern. Nor can any of the schools be permitted to advertise in this journal, unless we can commend their Faculties as reputable and worthy of patronage.

LOOK AT THE LIST.

1. College of Physicians and Surgeons, in *New-York city*.
2. New-York Medical College, in *New-York city*.
3. University of Pennsylvania, in *Philadelphia*.
4. Jefferson Medical College, in *Philadelphia*.
5. Pennsylvania Medical College, in *Philadelphia*.
6. Philadelphia College of Medicine, in *Philadelphia*.
7. Geneva Medical College, at *Geneva, New-York*.
8. Castleton Medical College, in *Castleton, Vermont*.
9. University of Michigan, at *Ann Arbor, Michigan*.
10. University of Louisville, at *Louisville, Kentucky*.
11. Medical College of Ohio, at *Cincinnati, Ohio*.
12. Georgia Medical College, at *Augusta, Georgia*.
13. College of Dental Surgery, at *Baltimore, Maryland*.

For detailed information, see Advertisements in this Journal.

University of Pennsylvania.

The medical department of this ancient and venerated Alma Mater of ten thousand alumni, announce in our columns the opening of their usual annual Course of Lectures. It cannot be deemed invidious to say of this popular and successful school, that though the mother of us all in America, and of patriarchal age, she is still flourishing with more than the vigor of her youth, and wielding all her mighty reputation and influence in sustaining and elevating the honor and dignity of the profession. Our own excellent preceptor in our early days of professional life, still adorns the chair of Surgery, in which department, it is our judgment that he has no superior as an able and accomplished teacher. Long may he and his estimable colleagues live to perpetuate the renown of the University of Pennsylvania.

Palmer's Artificial Limbs.

We again call the attention of the profession and the maiden to the advertisement of Palmer & Co. in

another column. These gentlemen have many rivals and even imitators in their line of business, but they have no superiors, nor equals, in the ingenuity and success with which they supply lost members for the mutilated. Such is the award of the eminent judges at the World's Fair in London, and such we predict will be the result of competition at our own Crystal Palace in New-York, in 1853.

American Journal of Pharmacy vs. New-York Journal of Pharmacy.

A correspondent calls our attention to certain criticisms of the former upon the latter journal, but his paper is too long for our limited sheet. Of the controversy we know nothing except what we learn from the regular receipt of Dr. Procter's Journal, as we have never seen the New-York Journal except the first number, and which we introduced to our readers with a kindly notice. We learn, however, that it is sadly fallen off, and it is certainly very vulnerable for introducing silly articles from a sillier writer, as the criticisms of the American Journal show. The impolicy and short-sightedness of introducing an imitation of *McMunn's Elixir*, "almost as good" as that well-known article, deserves a still sterner rebuke. It was the best puff of that article ever published, and doubtless vastly promoted its sale. The editorial committee should exercise their prerogative, if they would have their Journal merit support.

Gleanings from the Medical Times.

The late number contains,

1. Dr. Moti's case of complete vaginal occlusion, cured by an operation, in which he had a valuable assistant who he says had "two forefingers" on the same hand! See p. 4, 6th line.
2. Thoughts on Chloroform, with a plea for caution, and a judicious remonstrance against carelessness, by Dr. Gilman.
3. Translation of Dr. Detmold's case of Hypertrophy of the Derma.
4. Notices of the Academy of Medicine, and the Pathological Society.
5. Ricord's 12th letter on Syphilis.
6. Editorial notice of the *patent!* process of embalming as lately attempted at the New-York Hospital.
7. A modest announcement by the new editor.
8. Notices of books, and extracts from foreign journals. A summary of domestic intelligence concludes the number.

Georgia Medical College.

From an eloquent article in the Augusta Constitutionalist, in behalf of Southern Educational Institutions, we clip the following, which is all for which we can find room:

"The Medical College of Augusta, with its stately columns, its lofty portico, and its whole grave classic cantour, all embowered by the magnificent grove of stately oaks which beautify and protect it, constitutes, to a stranger, one of the chief ornaments and attractions of the city. Its well arranged and numerous Lecture Rooms, which may be enlarged at pleasure, should the classes in future require it; and its convenient, secure, and well illuminated apartments for dissection, rarely fail, to make a favorable impression upon all candid visitors.—Again, its beautiful and well selected Chemical and Philosophical Apparatus, embracing instruments of the finest finish, the greatest power, and the latest construction, and every successive session, employed in an extensive suite of appropriate experiments, furnish ample facilities for instruction in this invaluable apartment of a modern medical education. Nor must we, in this hasty review, omit a brief notice of the Museum, which presents an admirable collection for illustrations in every apartment of Anatomical and Physiological Science, and to which accessions have been repeatedly made. Even within the last year, a splendid collection of Pathological Specimens, in Papier Maché, from Paris, designed by Bourguery, and unsurpassed by any in the world, was selected under the eye of the Professor of Surgery, L. A. Dugas—purchased by the Faculty, and imported at a cost of nearly \$2000. Duplicates of these inimitable French models may be seen in Dupuytren's celebrated Museum, Paris, No. 15 Rue de l'Ecole de médecine. To these advantages may be added, access to a choice college library of several thousand volumes, containing the principal standard works, ancient and modern, in all departments of the profession:—clinical lectures twice a week at the City Hospital, and surgical operations frequently performed before the class in attendance, together with an abundant supply of *matériel* for the anatomical theatre, as well as for the Demonstrator's rooms, in both which, critical instructions are uniformly given for six days of the week together. During each autumnal and winter course, it will be recollected, that the lessons furnished the classes upon the subject of *practical medicine*, are from the lips of able and experienced physicians who have long studied southern diseases in the latitude of their ravages, and marked their types, and mastered their symptoms upon the soil of their birth, and who have made themselves familiar with the pathology and treatment of the maladies of the *black race*, as well as the *white*, so that the graduates who shall have *done their duty*, will leave these halls, thoroughly and safely trained for an immediate entrance upon the field of *Southern Practice*. During their agreeable sojourn, however, amid the shades of their Alma Mater, the social and easy intercourse which has ever been cherished and maintained, between the Faculty and Students, has long been a subject of gratifying notoriety, and the more so, when contrasted with the frigid indifference which has too often characterized that intercourse with some other schools.

"And now, in conclusion, with an undiminished respect for the advantage of travel, and an experimental acquaintance with the Institutions and diseases of other lands, we must be allowed frankly to avow our conviction, that the young aspirant for the Doctorate, who, after having been surrounded by all the facilities furnished by the Medical College of Georgia, and constantly plied during the whole two terms of his medical pupillage, shall fail to prepare himself for entering at once into, at least, a *respectable* position in the ranks of his profession, would *never do so*, if favored, for the same period with all the appliances of Paris, or of London; and would do well to re-examine the strength of his *mental* claims upon public confidence; or, at least, hasten to settle the mooted question, whether he may not have 'mistaken his calling.'

"A SOUTHERNER AT HOME."

Deplorable.

[We copy the following deplorable picture of professional matters in our sister city, from our spirited contemporary, which must have been written when the editor was suffering under a fit of the blues, probably from the pressure of some new outbreak of quackery in that city. In New-York we have a multitude of self-styled "cheap doctors," who would be overpaid at "25 cents a visit," this being more than their services are worth. Possibly such is the fact in Philadelphia.]

"Two-thirds of the practice of medicine in Philadelphia, even among those who pay for everything else, is done gratis; and not unfrequently insult is added to injury. This is due to the crowded state of the profession, and to the *mock charity* inculcated by many of the public teachers. The average fee in our city for medical attendance *paid*, does not exceed *twenty-five cents* a visit. This is one great reason that quackery so thrives among us. Perhaps there is not a city in the Union where quackery, when, as it often is, is combined with talent, builds such large houses, (vide the palace to Moloch on Chestnut-street,) as among the staid and demure denizens of the City of Brotherly Love. The getting of fees is a kind of game in which the honorable and upright are fleeced to pay for the mean and contemptible. *Vive la bagatelle.*"

A palpable hit.

Rev. Dr. Elliott, editor of the W. C. Advocate, and President of the Miami Medical College at Cincinnati, thus satirizes the nostrum venders and their dupes.

Mrs. CREDLOUS issues the following certificate through the Belknap (N. H.) Gazette, and though it appears to be an advertisement, we insert it without fee or reward for the benefit of her numerous relatives throughout the country. If our readers think us foolish for publishing such a foolish thing, they will do well to remember that there are thousands upon thousands of foolish people, and many of them professing piety, who go to any length in recommending and in taking the

quack nostrums of the age, and who oftentimes, in good earnest, write themselves just such ridiculous puffs:

"I, Cordelia Credulous, have been for years suffering from universal debility, spine in the back, tape worn, rheumatism, and a long standing rebellious complaint, making me desput costie betimes; and, besides these, I have not felt well myself: so it was not long afore I was brought very low, and my most impudent friends didn't know me, and the regular faculties did not expect me to live from one end to another. After years of suffering and sorrow, Aunt Dorothy Tripnose recommended, as the last resort, that I should try a few bottles of the Pictorial Accelerated Compound Extract of Gill-over-the-ground, and the Syrup of Ignoro and Huckleberries, and to be sartin to get that which had the proprietor on it; for none else was genuine. I have taken three bottles, and am a new cretur; and I expect, by the time I take six bottles more, I shall get the spine out of my back entirely. I cheerfully recommend this medicine to all sick or well.

"CORDELIA CREDULOUS."

Correspondence of the Western Christian Advocate.

Hospitals in Paris.

In 1789 the number of hospitals and infirmaries in Paris was 48, containing, in all, about 20,000 inmates. At present there are 15 hospitals, 11 infirmaries & general establishments, 3 miscellaneous.

The general hospitals—that is to say, those which treat every variety of wounds and acute diseases—are 8, containing together 3,413 beds. Their names are as follows:

Hotel Dieu, ...	316 beds—founded in 1651
Annexe de l'Hotel Dieu	300 " " " 1840
La Pitié, ...	620 " " " 1612
La Charité, ...	492 " " " 1606
St. Antoine, ...	320 " " " 1795
Necker, ...	320 " " " 1779
Cochin, ...	130 " " " 1780
Beaujon, ...	412 " " " 1780

The special hospitals, or those devoted to the treatment of special cases, are in number 9, as follows:

St. Louis, 300 beds, founded in 1607, for chronic diseases.

Du Midi, 300 beds, founded in 1607, for venereal do.

Lourecine, 300 beds, founded in 1836, for do. (women.)

Des Enfants Malades, 600 beds, founded in 1735, for children's diseases.

Maison d'Accouchement, 514 beds, founded in 1795, lying in.

Des Cliniques, 120 beds, founded in 1795, clinical.

The infirmaries—*hospices* as distinguished from *hospitaux*—are 8 in number, as follows:

2 De la Vieillesse, founded for aged and insane.
2 Des Incurables, " " incurables.
Des Enfants trouvés, " " foundlings.
Saint Michel, " " 10 work'g upholsterers.
Reconnaissance, " " 300 work'rs in metals.
Des Vieillards, " " aged poor.

There are, also, 3 Houses of Retreat, the nature of which are explained by their name.

The number of persons treated in 1844—experien-

ing an aggregate of 2,042,053 days' illness—was 84,396, of whom 7,551 died at the hospital, 71,393 were cured, and 5,452 remained, at the time of the report, under treatment. The average sejour of the inmates at the hospital was 26 days.

Among the most interesting and significant of the institutions, under notice, are those—144 in number—for the benefit of foundlings. These unfortunate creatures form a proportion to the whole number of births in the country of about 34,000 to every million, three fifths of whom die during the first year of their existence. The term foundlings—*enfants trouvés*—in France includes,

1. Those whose fathers and mothers are unknown, and who are found exposed in the public streets, or who are deposited secretly at the hospitals.

2. Children whose parents have abandoned them.

3. Destitute orphans.

4. Children born in the lying in hospitals.

Insane hospitals are numerous in France, but I cannot give you their precise number. The principal facts I have been able to gather on this subject, are as follows:

In 1786 there were in the various hospitals in Paris 1,009 insane persons; in 1801, 1,070; in 1805, 1,225; in 1810, 1,590; in 1815, 1800; in 1820, 2,145; in 1822, 2,493; and this ratio of increase is said to have continued, for political and other reasons, to the present day. An official report for 1836 states all the insane persons, received at the various hospitals throughout France, to be 9,116. A paper presented to the Academy of Sciences in 1843, represents, on the authority of official reports from 1835 to 1841 inclusive, that the whole number of insane persons in France was 18,350, or about 1 in 2,000 of the population. The new admissions in the hospitals vary from 5,000 to 6,000 annually. The number of those who leave the hospitals every year, wholly or partially cured, is about 3,000. The mortality among this class of persons varies from 1,600 to 2,000 per year. Out of 1,000 persons classed under this head, it is estimated that 221 are idiotic, 112 epileptic, and 667 deranged. The number of indigent insane persons, supported at the public charge in France, is 12,286; namely, 5,935 men, and 6,351 women; the expense of whom to the public is about \$1,000,000.

H. C.

American Medical Association.—At the meeting of the Association held at Richmond, Va. May, 1852 the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award two prizes of \$100 each to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned on application, after June 1st, 1853.

Communications must be addressed, post paid, to the chairman of the committee, Dr. Joseph M. Smith, 56 Bleecker-st. New-York on or before the 20th of March, 1853.

JOSEPH M. SMITH, M. D.

JOHN A. SWETT, M. D.

New-York, Sept. 17th, 1852. W. PARKER, M. D.

GURDON BUCK, M. D.

ALFRED C. POST, M. D.

Editors of Medical Journals in the United States are respectfully requested to copy the above.

[The following timely truth is fitly spoken by our contemporary of the Boston Medical and Surgical Journal, whose regard for the morale of the profession we have often admired.]

"*Birth of Monsters.*—A gentleman has inquired by note, what is settled, in medical jurisprudence, in respect to the duty of an accoucheur when at birth a monster is produced? Having mislaid the letter, the question cannot be presented exactly in the words of the writer; but the idea is this: if an extraordinary malformation is discoverable at birth, and it is certain that the infant cannot live long, is it allowable, or not, to extinguish its life? We confess ourselves shocked with the thought that any one may have suggested that it was either proper or expedient, under any circumstances, to adopt such a course. There can, in our opinion, be no extenuating circumstances whatever. Even parents are not to be indulged by having a monster birth concealed, or the functions of life extinguished. Whatever the form, or whatever the probabilities with respect to the future, God, who gave life, alone has the right to take it, under such circumstances.

In connection with this subject, there is a singular looseness of sentiment entertained abroad, especially among females, viz.—that from conception up to within several months of gestation, there is no real life in the fœtus, and therefore no harm in sacrificing it in any manner most convenient or agreeable. This is wrong: it is a violation of a fundamental law of existence, and a sin thus to blast in the bud: it is an awful crime. The moral sense of the community should be cultivated on this point, till it is thoroughly understood, in every community, that killing a human being in utero is murder."

[We corroborate our own opinion of Mr. D.'s abilities, as heretofore expressed in this journal, by the following testimonial of our confrere, Dr. J. V. C. Smith of Boston.]

Anatomical Drawings.—Mr. H. A. Daniels, 270 9th-st. New-York, is an anatomical artist of growing celebrity. Gentlemen, in any section of the United States, who are preparing works on surgery, anatomy, or physiology, would find him of important service in illustrating from nature. He has executed some of the best plates in several of the latest publications on these

subjects. From the difficulty hitherto experienced in finding an artist properly qualified to perform such work, we have thought that it might be acceptable intelligence to authors to know where to find one. Mr. Daniels also executes microscopical drawings, having had experience in that department. Any discovery made by those now exploring with the microscope, can be enlarged and secured accurately, in its true proportions, by his critical eye.

Simple Tests of the Purity of Chloroform.—Dr. Fleming, of Dublin, says, "I never use chloroform, without first examining it by litmus paper and water, and, if at hand, a solution of nitrate of silver. If the former remains unaffected by the vapor, and some of the specimen, dropped into a test-glass containing either of the latter fluids, occupies the bottom of the glass in a transparent globule, I am satisfied that it is genuine, or at all events suited for practical purposes. But if, on the contrary, the litmus paper is reddened or bleached, and the globule appears opalescent or like a muddy lens, I reject it as adulterated, and unsafe for use."—*Etherrization in Surgery*, by Dr. Fleming, Dublin, 1851, p. 52.

To the Editor of the Philadelphia Medical and Surgical Journal.

DEAR SIR—I am aware of your kind disposition, and therefore feel confident that you will pardon me for troubling you a few moments with a matter which is scarcely worthy of your notice or of mine; and if you think that I might have spent my time better than in going to hear such a Lecture, I will not contest that point with you, but beg you to recollect that my curiosity is fully developed, which, together with your mantle of charity, will cover the whole foible. Last evening I went to hear a lecture on "*Medical Reform*," before a popular audience, by Dr. —, a gentleman who represents himself a graduate of the University of — and seems to think that he has the wisdom of ages concentrated in himself, and consequently that all authority should be discarded, and he taken as the only individual from whom truth can emanate. That he is prepared to sit in judgment on the whole profession, and act as judge, jury, and witness; and he claims great credit for his candor and honesty, and seems to think that he has placed the community under infinite obligations to him for raising the veil, so as to let the people behold the immense evils which the medical profession inflict on them, while professing to be their friends. Buonaparte, with his devastating army, could scarce produce more destruction of human life, with all his machinery of war, than that profession, whose duty it is to preserve the health and lives of the people does with the little *lancet*, aided by *mercury*: the doctors, poor ignorant beings, cannot see that they are destroying their own bread and butter when they are thus slaughtering their patients by wholesale.

He states, (and who will dispute his authority?) that all the costly establishments built and used for medical purposes in this city, have caused the loss of as many lives by the improper principles which they have propagated, as they have cost of dollars to build them; 150 women with puerperal fever have been bled to death in this city within a few weeks, and he has been so forbearing, kind soul, that he has never notified either state or city authorities of this slaughter. The destruction of life by mercury, he also finds to be incalculable; whole piles of bones are to be found in the different colleges in this city, and especially in the University of Pennsylvania, so filled with mercury, that if they are lifted up it will run out of them. "Oh! that my audience could see them." Query: would he not require a greater instrument than Lord Ross' telescope to make this discovery? Men, he says, receive the degree of M. D. without any study, and he assured the audience, from his own knowledge, that one man went to a college in this city, which he specified, for the first time, went through his studies, bore his examination, and received his diploma, all in the space of fifteen minutes.

In view of all this, we cannot resist the conclusion, that the undertakers are indebted a vote of thanks to the physicians.

My interest in the fair sex compelled me to ask for some evidence with regard to the wholesale slaughter of the ladies, but I could get none; perhaps the question was imprudent, as his own word should have been deemed sufficient. I stated that I had been going to the University for 23 years, perhaps ever since the lecturer was born, but I never was able to discover such bones; perchance they were invisible to all but himself. I also told the lecturer with regard to the delinquent college, that under such circumstances he was bound, as a good citizen, to enter a complaint with the proper authorities, so that its charter may be taken away; but I presume that he will postpone that matter until he has more leisure.

Seeing that the lecturer reprobated the use of the lancet under all circumstances, I described the worst form of Sanguineous Apoplexy—a man of full plethoric habits, short thick neck, and large head, living sumptuously, falls suddenly with a loss of all sensation and voluntary motion, the eyes are fixed and projecting, the face swelled, red and turgid with blood, the carotids throbbing, respiration laborious, and involuntary discharges, &c.—without giving this a name, I wished to know what he would do with the case, at the same time telling him that medicines would be of no use, as under the circumstances they could produce no more effect on the stomach than a gum elastic bag.

One of the doctor's colleagues, Mr. B., who I believe claims to have been, in some measure at least, the cause of converting the doctor from the errors of allopathy, undertook to answer the question. This Mr. B. does not condescend to devote his time to the bodies of

men, he attends to their soles, he clothes their *understandings*; or in other words he is what is vulgarly called a shoemaker, and he disposed of the case as quickly as he would take a shoe from the last; "he could see no difficulty in the way: the man *hat* fell down and *cot* hurt; take him up, *rup* him a little, and he will be well enough; there is no occasion for *pleeting*," &c.

He is going to help this "reformation" forward, until the allopathic doctors are compelled to relinquish their *pizness*, but he says that they need not be discouraged at that, as they can find work enough at shoe-making, or some other *pizness* of that kind.

ROBERT FOSTER, M. D.

Artificial Production of the Flavours and Odours of Fruits and Flowers.

[The following timely article exposes the murderous "banana drops," and other poisonous articles of confectionary sold to children, and ought to be widely circulated.]

One of the most surprising achievements of modern chemistry is the artificial production of the flavours and odours of fruits and flowers; the imitation in the crude laboratory of the chemist of the most delicate of the productions of nature, and one which it might have been supposed was beyond the reach of art.

Dr. Playfair, in his lecture on the exhibition of 1851, furnishes us with the following interesting information on this subject:—

"The jury, in the exhibition, or rather two distinguished chemists of that jury, Dr. Hoffman and Mr. De la Rue, ascertained that some of the most delicate perfumes were made by chemical artifice, and not, as of old, by distilling them from flowers. The perfume of flowers often consists of oils and ethers, which the chemist can compound artificially in his laboratory. Commercial enterprise has availed itself of this fact, and sent to the exhibition, in the form of essences, perfumes thus prepared. Singularly enough, they are generally derived by substances of intensely disgusting odour. A peculiar fetid oil, termed 'fusel oil,' is formed in making brandy and whiskey. This fusel oil, distilled with sulphuric acid and acetate of potash, gives the oil of pears. The oil of apples is made from the same fusel oil by distillation with sulphuric acid and bichromate of potash. The oil of pineapples is obtained from the product of the action of putrid cheese on sugar, or by making a soap with butter, and distilling it with alcohol and sulphuric acid, and is now largely employed in England in the preparation of pine-apple ale. Oil of grapes and oil of cognac, used to impart the flavor of French cognac to British brandy, are little else than fusel oil. The artificial oil of bitter almonds, now so largely employed in perfuming soap and for flavoring confectionery, is prepared by the action of nitric acid on the fetid oils of gas-tar. Many a fair forehead is damped with eau de millefleurs, without knowing that its essential ingre-

dient is derived from the drainage of cow-houses. The winter-green oil, imported from New Jersey, being produced from a plant indigenous there, is artificially made from willows and a body procured in the distillation of wood. All these are direct modern appliances of science to an industrial purpose, and imply an acquaintance with the highest investigations of organic chemistry. Let us recollect that the oil of lemons, turpentine, oil of juniper, oil of roses, oil of copaiba, oil of rosemary, and many other oils, are identical in composition, and it is not difficult to conceive that perfumery may derive still further aid from chemistry."

Phila. Med. News.

Recommendation of Nostrums.

It is a subject of much humiliation to find physicians' names attached to recommendations of nostrums, which are thrown in profusion over our country. Our attention has been again called to this matter, by reading the laudatory notices of a secret combination, just now somewhat popular, under the name of "Ayer's Cherry Pectoral." We can hardly suppose for one moment, that all the recommendations of this article are genuine; but if they are not, there exists a strong obligation on the part of the gentlemen whose names are used, to expose the deception, and denounce the fraud, if not to prosecute the proprietor. We see that in England legal redress can be had for this kind of piracy. It ought to be so in this country, if it is not, while at the same time, every physician who willingly permits his name to be used for such purposes, should be held up to the scorn and indignation of a liberal profession. We wish to call attention to the recommendations of the article alluded to above. We do it believing that most, if not all, the references are forged, and hope the gentlemen will, if they have not already done so, expose the trickery; or if they have been led astray without due reflection, that they will at once see the impropriety of their position, and cause their names to be withdrawn.

The names we find are—Benj. Silliman, M. D., Parker Cleveland, M. D., and Valentine Mott, M. D., together with many other alleged M. D.'s less known in the profession.

In addition to these, the "unqualified recommendation" of professors in the following schools is claimed:—Berkshire College of Medicine, at Pittsfield, Mass.; Ohio Medical College, Columbus, O.; Bowdoin Medical College, Brunswick, Me.; Vermont College of Medicine, Castleton; Albany College of Medicine, Albany, N.Y.; Medical Institute, Yale College; Transylvania University of Medicine, Lexington, Ky.; Medical School, Harvard University, Cambridge, Mass.; Columbian Medical College, Washington. And in foreign countries—L'Ecole de Médecine, Paris, France; Royal College of Physicians and Surgeons, London, England; Queen's College, Ireland; University of Naples, Italy; Junta of Medical Censorship for Cuba and the Spanish West Indies; Junta Medica de Chili, South America.

We know personally many of the professors in the above Colleges, who would storn to give their names for such a purpose, and yet they stand before the public as endorsers of this nostrum. If some of their associates should, through any cause, lend their names, they should be given to the profession, and not suffer the odium to rest on the faculties of these institutions as a whole. We can scarcely find language to express our disapprobation of such recommendations, if real, and of forgeries, if they be such. It will give us great pleasure to publish either denials or renunciations, whenever authorized to do so. The profession has reason to expect one or the other.

Western Lancet.

From the New Jersey Medical Reporter.

Hints on Medical Education.

By James H. Stuart, M. D.

[We commend the following article to all our readers, and congratulate our confrere on having secured such a correspondent, and only envy his monopoly.]

Physical Education should commence in the prudent conduct of the pregnant female. It were an *easy* matter, if not strictly honest, to paraphrase Dewees or Condie on this subject, and then enter into a lengthy dissertation on the Philosophy of Life, etc. but, as women rarely consult physicians for prophylactics against any evil, but content themselves with inquiring for a remedy when mischief is done, such philosophy would be more "ornamental than useful," and foreign to our object.

Suffice it to say, it is a duty which every mother owes to the State and herself, to have a fine, healthy boy or girl. To do this, she *should* be healthy herself, have a healthy husband, and then conduct herself with great care till her accouchment. For upon this, simple as it may seem, the whole future of her progeny often depends, and she may render its entire life a blessing or a curse, according to her own actions.

We are well aware that *every* mother has the "best and sweetest, and prettiest baby that ever was born," but that is not precisely what is meant by a "healthy child." Still the great majority of children are, to all appearance, healthy and well-formed at birth, and could doubtless be caused to remain so. Yet it is but a minority who do actually grow up hearty men and women. The remainder soon become feeble and puny, and either die in early infancy, or gradually drop off one by one at different rounds of the ladder of life before they have attained their prime. Now what causes this difference? Undoubtedly, we suppose that in by far the greater number of instances it is attributable to different physical trainings. True, some *few* children could never have been made healthy by any course of training; but in discussing general principles we always take for the rule that which regulates most cases.

When a child is brought into the world, great are the rejoicings; long and earnestly does the mother gaze upon her babe; pride agitates her bosom, and almost

the first impulse that moves her, if strong enough to notice any thing, is to see *her* infant fed. When, perhaps, this feeling has reached its greatest intensity, the baby, who has probably been lying for some time calmly asleep, begins to cry, as babies often do, mayhap "for want of thought," like —'s "whistling." At once the mother's sympathies are aroused; the little dear must certainly be hungry;—and it is accordingly at once freely fed with some villainous "gruel" or "pap." Baby eats long and eagerly, until its stomach is completely distended, and feeling uncomfortable from the novel sensation, turns away and whines; again is the spoon presented, but, sated to repletion, it again turns away in strong disgust. The breast is presented,—a feeble effort and it ceases to draw. At this crisis, Nurse comes to the rescue, looks mildly on, and sapiently observes that the child must be sick, *because* it refuses the breast; which logical reasoning is highly approved by all the listeners, and Nurse at once acquires the character of a feminine Esculapius. The child re-commences crying, and to quiet it, the usual nursery plan is resorted to, and it is violently jolted up and down to some horrible monotonous nursery tune, until at last,—actually sick, from the churning—or the music, baby indignantly disgorges part of the "gruel." This is enough. Out comes the ever ready bottle of "Dalby's Carminative," or somebody's "Anodyne," and a dose is inflicted; when,—perhaps fairly wearied out, the poor child falls asleep,—amid warm eulogies on "the sweet, soothing draught,"—or becomes so ill that the physician must be sent for. The Doctor *may* have moral courage to face the nurse, explain the error,—and perhaps be dismissed for his pains as a "cruel, unfeeling man, who don't care for the sufferings of the little dear;"—but more probably contents himself with ministering to present necessities, confident of having a good patient in that child so long as the "Carminative," "Anodyne," and other contents of the large medicine chest of "Family Remedies" last.

This kind of treatment repeated for a few months, soon manifests its effects very visibly, and the mother wonders "why her child is so delicate when she did her very best to take every sickness at that start and provide for it."

See now the conduct of one of the very few prudent and sensible mothers. She feeds her child only when nature demands it. If it cries, she examines to find some real cause of irritation, which if not discernible, she allows baby to bellow as much as it pleases, and admires the tone and compass of his voice while he does so. Consequently, baby soon gets tired of crying, and ceases peaceably enough. No medicine chest, large enough to fit out a country doctor for a year's practice, ornaments *her* closet. If the child *must* be dosed, it is by the order and under the direction of the family Physician. Quacks and nurses reign not in *her* dwelling. She is not eternally reading "Somebody on Children," and discovering a new complaint every day and hour to be treated according to the rules therein laid down. She

does not call the attention of every stranger to the delicate appearance of her darling, and demand his sympathy for it.

Now, after the lapse of a few years, mark the effects of these two very different systems of education. The first mother has succeeded completely in her praiseworthy efforts, and her son is now a pale, delicate, *interesting* boy, with a large head and small body. He is precocious withal; can reason, rhyme, spell and read; can act and declaim, bow and—take medicine. *His* education has not been neglected. Oh, no! Soon as he could walk was he sent to school, where, perched on a bench much too high for him, with his feet dangling six inches from the floor, he leaned over his irksome task early and late, till the naturally round chest of childhood flattened, and his shoulders curved; while his mind expanded with a force that threatened to demolish the poor remains of his corporeal frame. This is at five years of age. The other boy is not yet at school, but frolics about, free and unconstrained, in the wild exuberance of childish glee. So ignorant is he that the alphabet is yet unknown to him; but *n'importe*, he is a stout, healthy lad with a vigorous mind and fair prospect, from his frame and constitution, of living long enough to cultivate it well.

The parallel might be carried out much further, but it is unnecessary. All have seen and recognized, at School and College, the types of these different kinds of training.

Of course it would be very ridiculous to assert that careful and well directed training will, in *every* instance, entirely overcome the influence of a congenitally or hereditarily bad constitution; or that a bad education will always completely ruin a good one. Yet they will certainly go very far towards accomplishing these respective ends.

Would city parents but condescend to notice the ruddy, fresh, hearty looks of children bred and born in the country; and see them luxuriating in a puddle, or taking a shower-bath in the rain, fearless of coughs and colds, we feel convinced that but few would forego the advantages of a country physical education. How gladdening is it to a benevolent heart to see the delightful young hopefuls gaily careering about over the fresh, new mown meadow; now throwing themselves down in a paroxysm of pleasure,—and now snuff wildly the pure and invigorating atmosphere,—and reflect what powerful men and healthy woman they bid fair to become! Away with your tainted city gales! Give them the free air of Heaven to distend their lungs! Give them trees to climb, horses to ride, boats to row, lines to fish with, and guns to shoot! Make *men* of them,—strong, vigorous men, fitted to enter upon the arena of life and battle their way stoutly;—fitted to be "heroes in the strife."

The influence of habit is incalculable. We see many children habituated to going thickly clad, and having their stockings changed the moment they get wet; and these children are universally subject to catarrh; the

slightest exposure, even to a "soft and gentle breeze" affects them at once.

Others again, used to exposure and taking care of themselves, scarce ever "catch cold," though long exposed to pelting rains and icy winds. The hardy duck shooter, the healthy sportsman, and the iron sided hunter of the West become so by habit. Why not then *habituate* children to some degree of exposure from early life. They must unavoidably *sometime* meet with hardships, and it may then prove fatal to have encouraged a habit of "caudling" in early youth. I have seen hard struggles made in manhood to throw off the yoke of effeminacy, but rarely with effect. The parents in a great measure "make the man." Reason on the subject. Is it not *comfortable*, if nothing more, to one who has accidentally received a ducking, to feel the proud consciousness that it will not hurt him? See two individuals upset in a boat—one shakes himself, and marches about unconcerned till his clothes dry upon him. The other must take "something warm," must immediately change his clothes, and even then is by no means certain of escape from an attack of sickness, a course of medicine, and a long Doctor's bill. And this difference is the result of training. See two sportsmen out together. One trudges through mud and water sturdily, and bags all the Snipe, Woodcock, and Rail. The other sneaks along the verge of the swamp and pops at Robins, Larks, "et id genus omne." What glorious lives the rollicking Bison Hunters of the West lead.—And why? Because they are blessed with health and know how to preserve it.

(To be Continued.)

Democracy and the Doctors.

By R. H. PADDOCK, M. D., Chesire, Ct.

It is a commonly received opinion, that the old forms of government, being patriarchal in their character, and celestial in their origin, are favorable to the cultivation of the liberal arts and professions.

It is also just about as commonly supposed that democracy can appreciate only that which is of obvious practical utility, and affords little countenance or protection to amatures in literature or art, or to those engaged in the practice of the learned professions. A single individual, as a king, or a single and comparatively small class of persons, as an aristocracy,—having had the best instructors and the most ample facilities for the acquisition of all useful learning and elegant accomplishments,—must surely better understand, and more safely guard the interests of learning and the learned; must more readily detect, and more profoundly abhor, all schemes of quackery and imposture, and will more effectually crush them, at a blow, than can be expected of a whole people, of all conditions—whether of fortune or misfortune. On the other hand, the very notion of liberty implies the toleration of manifest evils, and opens to eminence in all that is hateful and degrading, as well as in all that is lovely and exalting.

Now we doctors see and feel so much of the in-

tolerable impudence, conceit, and ignorance, of *tolerated* quacks, that we are sometimes tempted to abjure our own political creed, and go back to the hated and antiquated forms of absolutism—seeking, under the iron wand of despotism, protection for ourselves, and vengeance on swaggering charlatanry. But alas! in this day to whom shall we go? To the leagued tyrants of continental Europe? All the beauties of absolutism, *in the abstract*, celestial in origin, as it *might be*, tender and parental, as it *should be*,—vanish at a glance of these miscreant ministers of an angry God! But, upon a "second sober thought," were despots less despotic, and tyranny even tolerable, we would not invoke its aid. Medical quackery has its cause and cure in something back of all forms of government; and, though sometimes not allowed to be practised openly, it nevertheless insinuates itself into all states, however ruled or misruled.

A very common and very erroneous notion in reference to the nature of disease, furnishes those who have more brass than brains, with an opportunity to mislead a multitude to their own hurt. It is something like this: Every malady is distinct in its nature; well characterized; of specific form, and requiring a specific mode of treatment.

The doctor is expected to recognize diseases as readily and as certainly as the naturalist does plants and animals, and to apply to each the specific remedy which nature has provided. According to this simple and beautiful theory the practice of medicine should be a very easy and satisfactory business, and the doctor should be certain death, not only "on fits," but also on disease itself.

A good practical illustration of this notion is seen in that system of seething, spewing, and injecting, known as the Thomsonian. The semi-civilized discoverer of the wonderful secrets that heat is life and cold is death; that every substance should come out of the body through the same channel by which it enters it; and that red pepper and lobelia, administered hot to both extremities of the body, will drive out the seeds of all diseases, viz: cold and canker—commenced his original treatise on the healing art by advising all men to shun the lawyers, the doctors, and the ministers of religion. The remainder of his book is a worthy commentary on the text, and like Joe Smith's Bible, finds those in every community, who are captivated by its vulgarity, and enlightened by its profound revelations.

There is something attractive, too, for a certain class of persons, in the operations of a Thomsonian doctor. His is no light duty—no easily earned reward! he throws off his coat, rolls up his sleeves, and swelters, for hours, over a steaming cauldron of concocting boughs and herbs. The huge bowls of hot drinks, the bath frames covered with woolen blankets, and the red-hot, hissing stones, all show that something is to be done effectually, and that either the disease or the patient must yield before this formidable engine.

Now it is neither the highest nor the lowest por-

tion of our race in point of intelligence, that are imposed upon by such theory and practice. Those nations which have undergone the process of calcination and calcitration, through the wickedness of their rulers, till they can not, or dare not, aspire to think for themselves upon any subject, make the very best class of medical patients. They surrender their bodies to the legitimate doctors, and their souls to the lawful priests, to be healed of their respective maladies with an equally blind and unwavering faith in both. It is when the human mind has been released from the bondage of ignorance and oppression; when some straggling rays of light begin to fall, and it begins to put forth its early and uncertain efforts in speculative philosophy, that it embraces such crudities.

What wonder if, in the twilight of their mental illumination, when men have acquired just that "little learning," which is always a "dangerous thing," in speculating about doctoring themselves, as well as about governing themselves, and acting for themselves, in every capacity—they should often adopt undigested schemes of corporeal, as well as of spiritual salvation? What wonder that their inexperienced ears should listen to the noisy quack, pasted all over with glaring certificates and lying advertisements?

Another form of medical imposture, more refined in its character, and perhaps quite as extensive in its influence as the preceding, owes its origin and advocacy to minds of a contemplative and visionary mould. These are found in the ranks of the most refined, intelligent and virtuous, and when controlled by a powerful judgment, as was that of Columbus, are often among the most distinguished of our race. Affluence and independence, or at least a condition in life exempt from the necessity for physical labor, are almost indispensable to the formation and cultivation of such a mental habit. The man who earns his daily bread by daily toil, has little time or inclination for day dreaming; while the student, the cultivators of science, art, and the learned professions, are quite liable to fall into speculating and theorizing.

Even the despicable tyrant, who enchains the bodies and minds of the great mass of his subjects, will sometimes foster the spirit of speculative philosophy, or of devotion to the fine arts. He is willing to engross the minds of the contemplative with such topics as can have no practical influence to enlighten and elevate the people, and for this reason he has sometimes been hailed as the patron of all liberal learning.

The medical hallucinations of these transcendental philosophers, like all their ethereal lucubrations, are wonderfully exquisite and pseudo-logical. Their thread of ratiocination is microscopically attenuated, and their deductions are the doubly refined extract of nonsense.

At one time they inform us that a wet sheet, wrapped around the human body, will certainly absorb the active elements of any disease; while a little Croton water, introduced within the body is far more power-

fully curative than Croton oil. At another time we are gravely told that any cause which can derange the delicate mechanism of the human system, is itself the proper means of cure; and hence a sledge hammer is a fit tool to mend a watch; and also that the less is more powerful than the greater, of the same kind; and hence that nothing at all is absolutely omnipotent.

Furthermore—if any man doubts the truth of these startling propositions, they can be verified by thousands of testimonials, and by actual experiment. This cannot be said of the propositions of Euclid—so away with your mathematics, and give us the documents!

Doubtless there are other forms of medical imposture, dependent upon other peculiarities in the constitution and condition of the human mind. These it is not my present purpose to exhibit, but rather to infer from what has already been said, that the sources and the remedies of charlatantry, are not to be sought in the forms of government; or in legislative enactments. Doubtless these have an important influence in the determination of mental conditions and characteristics; but men cannot be cured of ignorance or insanity, nor can they be endowed with a truly enlightened understanding, and good practical common sense, by the force of law. All experience shows that neither our moral nor our physical maladies are likely to be better healed when under the care of the state, than when left to the care and the conscience of the individual patients themselves.

Much then, as we are scandalized by the wide spread medical quackery of our time and country—much as we deplore its soils, abhor its impudence, and despise its slimy sophistry—still, we shall do well to adhere to our democratic notions of government—giving the fool full liberty to preach folly, and his hearers abundant permission to trust in him.

What then? can no remedy, no alleviation be devised? Yes; let us follow the advice of the old Latin poet, and pray for "a sound mind in a sound body," and let us accompany this prayer by such efforts as are suited to the fulfilment. Let all our States, and all our smaller communities adopt the well known and approved methods of general education; and let every species of useful information, practical, scientific, and professional, be as widely disseminated as possible. Let us also remember that, for this life at least, men have *bodies*, as well as *minds*, and that they sympathise so extensively with each other in their growth and development, disease and decay, that whatever measures are adopted for the spread of virtue and intelligence, as well as for the alleviation and cure of disease, should have an adaptation to both a physical and a mental constitution.

Great intellectual advancement might be realized through the same means that we employ for the improvement of the brute animals; but though we may not regulate or restrict the license to increase and multiply, yet one thing may and should be done in this di-

rection. It is a fact as universal as it is lamentable, in this country, that our native, and more intelligent and attractive females are sadly debilitated and degenerated in bodily constitution; and I need not say that this must unavoidably work the deterioration of our whole people—first physiologically, then mentally and morally. Now a glance at the flood of emigration pouring into this country, shows that this evil is artificial and may therefore be exterminated. Our own progenitors, on the other shore of the Atlantic, are comparatively exempt from it. Let us but adopt the better portion of their hygienic regimen, especially their custom of daily and prolonged exertion in the open air, and I doubt not that in a few generations we shall see more healthy mothers and fewer scrofulous children. This reform would be an important auxillary in the great work of popular education and elevation, the only radical cure, not only for quackery, but also for all our ills—whether physical, mental, social, or moral.—*Ohio Med. and Surg. Journal.*

From the Daily Whig.

Another letter from Saratoga.

Saratoga Springs, August 10.

MR. EDITOR,

Dear Sir—In the Whig of the 14th ult. I have read with some surprise, a letter dated at this place and published in the Spirit of the Times of the 7th ult. giving a detailed description of a "practical joke" upon a gentleman at the United States Hotel, in which Herr Alexander was the "chief performer," assisted by the writer and a certain "doctor and lawyer," the latter the brother-in-law of the "victim," and the former the friend(!) of the family, and a grave and learned professor in the medical department of the University of New-York.

Now, sir, to say nothing of a want of a sense of propriety and delicacy, and proper regard for the feelings of friends whose sensibilities were to be deeply wounded by this disgusting exhibition,* it does seem to me that the whole proceeding was one in which a learned teacher of a learned profession, (and as such, holding a prominent part in what is claimed by its friends to be the first literary institution in the first city in the western hemisphere,) could not, with propriety, decency, and a proper regard for the place which he occupies, participate; and by so doing he reduces himself far below the level of a charlatan and a juggler. The place chosen for the "scene" in which the learned professor rendered so "great service," was in admirable keeping with the character of the whole transaction.—"A stable, large, damp and dismal, lighted only from the crevices of the doors and windows, which were closed for the sake of privacy"—"a hostler holding one door"—"a stable boy looking through another." This certainly gives no very "slight idea" of the general character and dignity of the transaction, if not of the "scene." The doctor seems finally to terminate his

* Will somebody at Saratoga send us the bill of particulars?

"great services" in the disgraceful affair, by drawing on his friend for his "champagne," as on a former occasion he did on his foreign medical brethren for matter for an INTRODUCTORY LECTURE!! 'STUYVESANT.

Foreign Honors conferred on an American Surgeon.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR—An honor conferred upon an American surgeon by an European institution, will be appreciated by the profession throughout the country. As your valuable Journal has a wide circulation among medical men, I am sure you will feel a pride in announcing the following fact—that upon Professor Valentine Mott has lately been conferred the Honorary Fellowship of King's and Queen's College of Physicians in Ireland.

Since the foundation of this College, which was nearly two centuries ago, but twenty-six medical men of different countries have received this degree—Prof. Mott being the only American. Below I give you a list of them.

This College was founded in 1660, by Dr. John Stearne, Fellow and Professor of Physic in Trinity College, Dublin—was incorporated by royal charter of King Charles II. A. D. 1667, and re-incorporated by their majesties King William and Mary, A. D. 1692, under the title of King's and Queen's College of Physicians in Ireland. Yours most respectfully,

A SUBSCRIBER.

New-York, Sept. 24. 1852.

HONORARY FELLOWS.

Francis Barker, elected June 14, 1813	Fleetwood Churchill, Jan. 10, 1848.
Wm. Harty, Oct. 28, 1833.	Sir James Clark, Bart., Aug. 2, 1849.
Peter Mark Roget Jan. 4, 1836.	John Thos. Banks, April 8, 1850.
Wm. Paulthney Alston, April 11, 1836.	John Tokeles, April 8, 1850.
Jonathan Osborne, Oct. 26, 1840.	James Apjohn, Oct. 28, 1850.
Charles Johnson, Oct. 18, 1841.	P. Ch. A. Louis, May 26, 1851.
Robt. Law, Nov. 1, 1841.	G. Andral, May 26, 1851.
Chas. Farran, Oct. 31, 1842.	A. F. Chomel, May 26, 1851.
Geo. Alex. Kennedy, April 13, 1846.	M. Paul Ant'e Dubois, May 26, 1851.
John Creery Ferguson, Oct. 26, 1846.	Carl Rokitsansky, May 26, 1851.
Thos. Cumins, Jan. 10, 1848.	Joseph Skoda, May 26, 1851.
Nelson Adams, Jan. 10, 1848.	Hermann F. Kilius, May 26, 1851.
Thos. McKeever, Jan. 10, 1848.	J. Muller, May 26, 1851.

From the Medical Examiner.

Foreign Quackeries and the Drug-Inspection Law.

A recent case has raised the question of the admission of foreign quack medicines under the drug inspection law, and the decision made by the authorities is not that which appears to us consonant with reason and justice. It is but natural that those whose proceedings it was intended to regulate by the operation of this law, should endeavor in every way to evade its provisions. Not only would they desire to escape the vigilance or overcome the integrity of the Examiner but they would wish to obtain the implied sanction of his approval for their wares. An article which has passed the Custom House carries with it necessarily the endorsement of a competent Examiner, as one that may "properly, safely and without danger, be used for medicinal purposes." Such are the words of the law,

and it is readily seen that such a sanction is worth more to a nostrum-dealer than a certificate from "the Duke of Aldborough," or a half dozen of the reverend gentlemen, who are, with us, the general sponsors of quackery.

The facts of the case are these. A quantity of certain substances labelled as Holloway's Pills and Ointment, was entered at the Custom House of this city, and referred to the drug-examiner for inspection. The duty of that officer, under the law, is to try all drugs by the standard of the United States, London, Edinburgh, French and German Pharmacopœias, and to refuse to pass all that are adulterated or deteriorated, and "improper, unsafe, or dangerous to be used for medicinal purposes." In the present instance, articles were presented of a compound character, and of the composition of which the Examiner was necessarily ignorant. They were totally unknown to the medical profession. They might contain injurious or even poisonous constituents, not discernable by the most careful examination and analysis. At all events they were secret nostrums, and not drugs or medicines recognized by any codex whatever. Had they been unofficial simples, vegetable or mineral, the source and character of which were known, or could be readily ascertained, there could be no difficulty about them. But they were vile quackeries and impostures, compounded by a designing person to defraud a gullible public. Could any honorable and conscientious Examiner give them the sanction of his endorsement? We say No!—and personally, we would have resigned the office, if the case were ours, rather than affix or name and sanction to the invoice. The Examiner, did what we think was his duty in the premises, and refused to pass the articles, referring the case thereby to his official superiors.

But his judgment has been reversed. The quackeries in question have been admitted, and now are heralded with flaming advertisements in our newspapers. Worst of all, they have been admitted mainly on the authority of an opinion to that effect, signed by five respectable gentlemen of our city, all of whom are in official positions (we believe) in our College of Pharmacy, and one of whom is a graduate and practitioner of medicine! We give this document that there may be no mistake about it. The signatures we omit. The Italics are ours.

"We, the undersigned, are of opinion that the law in reference to adulterated drugs, medicines and medicinal preparations was not designed to exclude secret medicines of foreign manufacture, provided they were *made by the party, and at the place specified in the label*, and that, therefore, if the Inspector believe that *such preparations are what they purport to be and not spurious*, he is bound to pass them.

"At the same time we would have it expressly understood that our private opinions are decidedly adverse to all secret medicines, whether of foreign or domestic origin, and in giving the above opinion, we do it entirely in justice to our sense of the intended meaning of the

law, and not from a desire to favor the introduction of such medicines."

Now there are, to our mind, several curious features in the above document. In the first place, we do not see that any body of apothecaries, however intelligent, are the proper judges of the intention and interpretation of any law. The language of the act of Congress is explicit enough, and may be understood by any one. If there were technical difficulties, they would be better referred to those accustomed to deal with legal enactments of doubtful interpretation. But the principal peculiarity is, that this opinion comes from gentlemen who have hitherto professed a firm hostility to quackery, and are members of an institution which the medical profession has always respected and valued as a public safeguard against its encroachments. Their proviso in the concluding paragraph is all very well, but it is not worth the paper it is written upon to combat the ill effect of its predecessor. It will be seen that the position taken not only authorizes the unlimited introduction of foreign nostrums, but it actually converts the drug-examiner into a guardian of the interests of the manufacturer of the abominations. It virtually makes him say to "Doctor" Holloway:—"You may flood our land with your vile compounds. You may poison our people and extract from them untold sums of gold in return; and no imitation or counterfeit shall interfere with your profits. I stand here, by appointment of the Government of the United States, to protect and keep inviolate the sanctity of your labels and package-marks, and to condemn and forfeit all 'pills and ointment' which do not bear upon them those sacred characters!" Such is the inevitable operation of the position taken, for which we have no doubt that the foreign empiric and his agents here will be duly grateful.

We can comprehend such a position as this: that the nostrums in question are not drugs or medicines within the intent and meaning of the law, and are therefore not subject to inspection by the Drug-Examiner at all. Such is the position which we believe the department must ultimately take, if its officers determine that these nostrums shall continue to come in. It is an insult to the self-respect of any honorable pharmacist or physician to ask him to become the endorser as "safe and proper" of every wretched empiricism that the lust of gain may induce any unprincipled European adventurer to send over here to gull the simple Yankees with. As to the course pursued by the Examiner, we unhesitatingly pronounce it honest, manly, and consistent. That his decision has been reversed is his misfortune, and *ours*. The sting of the business is, that it has been reversed by the action of men with whom we have hitherto been happy to co-operate in the advancement of legitimate medicine and pharmacy.

Is a medical man justified in endangering his own life by excessive attention to save that of his patients?

Our Medical Schools and Medical Students

[The following article indicates that a growing interest is taken by the public press, in all matters appertaining to our Medical Schools. This augurs well for both the profession and the public.]

To the Editor of the New-York Daily Times :

The Medical season in New-York is just opening. We do not mean that the doctors are now particularly busy, but that the time of year when medical students begin to abound has come. We have no means of judging the exact number of the students who have already matriculated, or who are about to take tickets in the three schools, but we may approximate the proportionate disposition of those now in town (and the regular courses have not commenced in either) by the number in attendance upon the preliminary lectures. We counted twenty-one at Dr. CARNOCHAN's lecture on operations on the eye, at the New-York Medical College; forty-five at Dr. CLYMER's lecture on apoplexy, at the University; and seventy-eight at Dr. GILMAN's lecture at the Crosby-street College of Physicians and Surgeons. This number, at so early a day, shows that there is not likely to be any falling off of the aggregate attendance through the winter.

As we seated ourselves in one of the anatomical theatres, and looked around, we confess we experienced a solemn sort of feeling with regard to the fate of these young men, so soon to be "let loose on community." Our musing did not run in a line with that of Xerxes, who could not without a sigh think of so many mortals so soon to be worth only their price for dissecting material, but it led us to consider their probable destiny while yet in condition to kick up a dust on earth. Perhaps one in ten of them to succeed in finding his bread before his teeth to masticate it are "all out by age;" another tenth making a living by hard work, and leaving a beggarly account of dirty bottles, and a good name, for the widow and little ones; a fraction of them successful in digging out a niche in the granite facade of Fame's temple, and taking their position there, to be stoned and mocked while living, and immortalized when dead; a much larger fraction slipping out, by degrees, of a profession of which they might prove ornaments, if only the world and they could agree upon the question of their worth. Every one of them is to be turned out of bed on frosty nights, to spend his time freely in abodes of poverty, filth, and contagion, by the threshold of which ordinary benevolence hurries along, clapping his scented handkerchief to his nose—to be blamed for failing to rescue patients for whom Death shows an authenticated warrant from the Master—to be cursed for presenting a bill, whose whole amount he himself had to fork over to buy up the conscience of that savage constable. There are tough times ahead for you, ye rollicking, careless, noisy "meds." But then, if we may judge from the appearance you generally put on when you have been "out in the world" a dozen

years, probably, the greater part of these solemn sorrows—these bitters in your cup, are "all in the eye." Men get in the habit of taking bitters after a while, and rather seem to enjoy them. And we suspect that the sheep-skin which so instantaneously converts you from under-graduate demi-rowdies, into dignified doctors, whose smallest sigh or slightest shake of the head is ominous, introduces you to a great many good times that we know nothing of. Your life seems to the outsiders, a "melancholy waiting upon misery." Very likely, to the initiated there is something in it that construes dull, leaden details into golden experiences—matters which disgust us, into topics of very pleasurable as well as profitable excitement. Other men fail with age. Your wisdom is supposed to grow most mellow and rich to the end. You get such a clue to everybody's affairs that you get respected, through fear, when you don't deserve it for any other cause. If you you behave yourselves, when very old, your old patients refuse to get well without your aid, and think it very hard to die in your absence. Nobody appreciates your services more than we, and nobody more heartily deprecates the need of them. Quis.

Selected Items.

"The Boston Medical and Surgical Journal, complains that its articles are stolen by the 'Eclectic' and other periodicals, and published without credit. No wonder—any respectable medical Journal, which so far countenances and encourages quackery, as to exchange with the homœopathic and Eclectic Journals, and to advertise the homœopathic and female medical colleges of Pennsylvania, must expect to be robbed, not only of its articles, but also of its good name."

Dr. John Neil has been appointed Surgeon to the Philadelphia Hospital. The hospital staff now consists of four surgeons and three physicians.

What is the probable amount of fees received by all practitioners in the United States, for purely medical and surgical services—and how does the amount compare with that received by Lawyers and Clergymen?

Important Correction.—In Christison's Dispensatory, edited by Griffith, the dose of hydrargyri biniodidum is, through mistake, set down at from one to four grains, whereas it should be from one-sixteenth to one-fourth of a grain. Those who have the work should be careful to correct this, as a mistake of the kind might prove fatal.

The Legislature of Georgia at its last session, appropriated five thousand dollars to the Thompsonian, or Botanic school, located at Macon in that State. We hope that the first act of the institution will be to confer the honorary degree of A. S. S. on each one of the wisacres who voted for the appropriation. Seriously speaking, this is a foul blot on the character of the State.

Dr. Alban Goldsmith's Lecture on Strictures.

Continued from No. 13, Vol. 2, pp. 151, 152.

Another method of treatment has lately produced much controversy,—that of opening stricture externally as recommended by Professor Syme of Edinburgh.

It seems to me that, controversy on this subject, is unnecessary; and I can see no reason, why any one at this day, should claim this mode of treatment as a discovery. It has been adopted by myself, and by other surgeons, for many years past; and although I give the preference to the other before mentioned methods, in the majority of cases, yet we know, that owing to the great variety of stricture, and the great difference of constitution where the disease exists, that this mode of treatment is sometimes necessary.

Whenever it is possible to introduce a bougie of any size into the bladder; as I have said before, stricture can best be treated by a continued series of dilatation. So much depends upon the skill of the operator, in introducing the bougie, that it is difficult to *insist* upon this treatment; but still, I would advise a persevering effort to do so, in preference to resorting to any other method. Sometimes a case occurs where the stricture is perfectly impermeable and the retention entire; under such circumstances it becomes necessary to resort to some other plan.

If after the use of the warm baths, purgatives, etc. the stricture continues so tight as to resist the bougie, the propriety then suggests itself of adopting some other course. Should the stricture be short, and anterior to the membranous portion of the urethra then, external incision may be resorted to very properly; or, when the parts are indurated to a considerable extent, and the stricture has been of long standing, it may be proper treatment; but, when the stricture is posterior to the junction of the bulbous and membranous portion of the urethra; then, the operation becomes a matter of grave consideration. Where the extent of the stricture is short, I have generally resorted to forcing the bougie through, and, thus far, have always succeeded; relying upon guiding the instrument, by the application of the finger to the perineum and within the rectum.

The following case occurred to me in 1831, C. B. a clerk in a store, came to Louisville Hospital, with stricture of about two years' standing; he passed his urine by drops, and with great difficulty.

On examination, I found a tumour of the size of a filbert, in the perineum; apparently, about the membranous portion of the urethra; on introducing the bougie, it stopped just anterior to the tumor.

I ordered a warm bath and brisk cathartic, and then made another attempt to pass the bougie; on more thorough examination, I found the urethra much indurated; which hardness, he told me, had existed for several months. After many efforts to pass the bougie, and finding he suffered so much; I submitted to him, the operation of laying open the urethra. I placed him, as

is usual for Lithotomy, and after a tedious operation of some 30 or 40 minutes, and extending the incision, nearly to the prostate gland; I succeeded in passing the catheter into the bladder. He suffered a good deal of irritation, immediately after the operation, apparently, from the presence of the catheter, therefore, I removed the silver instrument, and substituted one of gum elastic which I allowed to remain for about a fortnight. The tumour and induration gradually subsided, and in six weeks he was discharged cured. I was in the habit of seeing him for two years after, there was no return of disease.

My reasons for resorting to external incision in this case, were: 1st. the tumour which I believed to have originated from extravasated urine, and the consequent induration, which I concluded would not subside, by simply opening the passage, because these indurations are tedious and difficult of absorptions; 2nd. that the induration seemed to extend so far along the urethra; that I doubted the possibility of gendring the catheter safely to the bladder; 3rd. the irritable constitution of his system, owing to having suffered so long from the painful passage of his urine, led me to believe that the incision would be less likely to increase that irritation, than the forcible passage of the catheter.

[Mr. Syme, gives the following case. Symptoms of stricture were first discovered in a midshipman in 1829, but no instrument could be passed; bleeding and hot baths, being resorted to. This state continued until 1836, though, during the time, he states his having suffered comparatively little, except having to make water by drops. At this time, a severe attack came on, and his sufferings were extreme; but nothing larger than a No. 4 catheter could be introduced. In 1839, his sufferings were so great, that he was forced to leave an expedition upon which he was engaged. Having returned to England, he placed himself under the care of Mr. Guthrie, who succeeded in passing a No. 6 catheter, but no larger, and in a month after, the passage was as small as ever, Mr. Syme states:]

In commencing the treatment of this case, I found little difficulty in passing bougies, from the smallest size, up to No. 5, but then encountered a resistance, which instead of yielding to dilatation, was increased by every attempt to accomplish it, with aggravation of all the symptoms. Under these circumstances, and considering the patient's history, I recommended division of the stricture, and performed it in the usual manner. The operation was completed, without the slightest difficulty or delay, with hardly any pain, and with no bleeding. There was no uneasiness or disturbance afterwards, so as even to interfere with reading to make the time pass. At the end of forty-eight hours I removed the catheter, and left the patient apparently quite well. In the evening I was sent for, on account of his being suddenly seized with vomiting and violent shivering, soon after making water for the first time.

To any one inexperienced in the operation, the case

would then have assumed a grave aspect, and suggested the suspicion of urinary infiltration; but as attacks of the same kind, though seldom so severe, are familiar to me as nervous symptoms attendant upon the urine resuming its natural channel just, as frequently happens after the operation of Lithotomy, I begged the patient and his friends to dismiss any apprehension, assuring them that all would be right in a few hours. Accordingly, next morning I found no trace of the evening's disturbance, and from that time forward everything went on well. The patient at once felt relieved from a load that had pressed upon him, more or less severely for so many years; and quickly regained his health and strength. He continues in the enjoyment of perfect health, and in writing to me, has thus expressed himself: "I may now say, too, that no words can express the delight I feel at finding myself free from this horrible complaint, of which upward of twenty years' experience has assured me, that a cure could not have been effected by any other means."

In this case, it seems that the reason Mr. Syme gives for performing this operation is, that the stricture was not dilatable, for, that although he could pass a bougie into the bladder, yet when he got the bougie up to No. 5, he could not dilate it any farther, from the unyielding character of the induration. Now, I know that in many cases, there is great irritability of the parts, and a great indisposition to yield to dilatation; but I have generally found that this irritability depended upon some general derangement of the system, which could be corrected by promoting the general health. It may however be said, that the existence of the stricture keeps up this irritation, and that it will not subside until the stricture is removed. But I have generally found that if a patient can pass a stream of urine equal to No. 5, that the constitutional debility could be overcome; and that forcing, the bougie judiciously, and increasing its size gradually; *lessens*, rather than *increases* it. I have sometimes forced a bougie through the whole extent of the urethra, (as I have before stated,) where the patient was laboring under great irritability; and as soon as the immediate effects of the operation passed off, this irritability was greatly diminished. My objections to Mr. Syme's operation cannot be traced to fear of the danger to be apprehended from it; for in opening the urethra, for the extraction of calculi, I have seen the wound heal kindly, even without retaining the catheter in the urethra.

Again, Mr. Syme, referring to another form of stricture, says, "in this obstinate form of stricture there is not only contraction of the canal, but also a remarkable thickening of the part affected, which consequently is in general distinctly perceptible through the integuments being felt like a ring of firm consistence and flattened form. The bougie, when introduced, is firmly grasped, so as to be withdrawn with difficulty, and the patient, so far from experiencing relief afterwards, usually suffers an aggravation of distress. It is difficult to

account for those differences from the cases of ordinary occurrence, or to explain the origin of a disease so peculiar in its characters. I have not been able to trace any connexion between the effect in question, and the cause giving rise to it, or to distinguish any speciality of constitution favoring its production. But that there may be some predisposition depending upon the temperament, would appear from the hereditary and collateral connexion occasionally observed between patients thus affected."

He has stated the case previous to making these remarks; and it is exactly analogous to such as I have generally been able to trace to what I call a Rheumatic diathesis. A remarkable case of this kind came under my treatment many years ago, in which I operated upon Mr. Syme's plan, without success.

I find among my memoranda the following details of the case: Mr. A. R. teacher in a seminary, 30 years of age, bilious, rheumatic temperament, consulted me in 1832, with an indurated stricture about two inches from the meatus. The stream of urine was about the size of a knitting needle. Four years previously he had contracted gonorrhea, which kept up an occasional discharge for about one year; a month after the running had ceased, he experienced pain in urinating, and the stream was irregular; this difficulty had gradually increased until the period when he consulted me. I introduced a small bougie, and every other day increased the size, until the urethra was enlarged beyond its natural size. He passed a full-sized stream, and I considered the disease cured. About three weeks after he returned with the stricture as bad as at first. I again dilated the canal, and then introduced a large catheter, and kept it there for six weeks, exchanging it occasionally.

The urine passed around the catheter, and I again discharged him as cured. Six weeks after he returned again, and notwithstanding that he had avoided all exciting causes, yet the stricture was very little relieved. I tried the cauterising and dilating plan, combined for about six months; yet, six weeks after I had considered the disease removed, he presented himself again. I then used the lancet catheter, incising the parts freely, and kept the canal open until the wound healed. This treatment relieved him for so long a time that he congratulated himself upon a permanent cure. This was in the fall of the year, and I sent him South, for the winter; in the spring he returned and was very much, though not thoroughly relieved, and remained so until the next fall, when he again applied to me. He had been much troubled with rheumatism, and his stricture was nearly as bad as ever. I then introduced a grooved director and made an incision of about an inch in length; keeping a catheter in the bladder until the wound was healed; he spent the winter in a warm climate, and returned nearly free from disease until the following fall, when I put him upon a course of Sarsaparilla, and Hydriodate of Potash, which kept him in

tolerable condition. But whenever he took a cold, his rheumatism returned, and his stricture contracted; and he was obliged to use a bougie. Finding that the disease was dependent upon rheumatic diathesis, I forbore to use farther *local* treatment, except an occasional introduction of the bougie.

Miscellaneous.

The case of "bungling surgery" alluded to in our last, turns out to have been a blundering diagnosis. Instead of being *Osteo aneurism* for which it was mistaken, the manglers after tying the anterior and posterior tibial, and then the femoral, have made the sapient discovery that there is no aneurism in the case, but that the tumor is *malignant*! and we learn amputation is the last resource of the trio concerned. Alas for the science of which the unfortunate young lady is to be the victim.

The proceedings of the various State Medical Societies throughout the Union are reaching our table by almost every mail. They are voluminous and valuable documents, and creditable to the profession. Those from Alabama and Illinois are before us, and contain much which we would gladly publish if we had room. They show a sound state of medical opinion, and a just appreciation of the *morale* of the profession.

"Billy McConnell, or the Witch Doctor" is the title of a work published at Cincinnati, for popular enlightenment in relation to Spirit Rappings, Mesmerism, Clairvoyance and Psychometry. It deserves a wide diffusion among the people.

Dr. Charles T. Jackson, of Boston, ascribes the cause of death occurring in anæsthesia, to the poison of fusel oil in the chloroform used, which he says is owing to criminal carelessness in its preparation, and much of such poison chloroform is in the market.

Dr. Brown Sequard's experimental lectures on Electro-Physiology, with numerous vivisections, are announced to the physicians of the city by a circular, as about to commence. The obvious objection to the use of chloroform for sparing the sufferings of the animals to be sacrificed, that it would defeat the object by its morbid results upon the nerves to be examined, will, we apprehend, prevent the adoption of the suggestion, humanely made, but in forgetfulness of the pathological effects, which would be fatal to purely physiological inquiries.

Chloroform Ointment for Hemicrania and Neuralgia.—M. Cazenave, of Bordeaux, recommends the above ointment, which is prepared as follows: Pure chloroform three drachms; cyanide of potassium, two drachms and a half; axunge, two ounces; add a sufficient quantity of white wax to make an ointment of the usual consistence.

Lancet, July 31, 1852.

Humanity of the Medical Profession.—Amongst the leading characteristics of the medical character, humanity is one of the most prominent. At the call of

the lowest and meanest, at all hours and in all seasons, the medical practitioner never fails to attend to the cry of the suffering and the diseased; and this, in too many instances, without the slightest expectation of fee or reward. The services thus rendered to humanity are beyond all calculation. The charitable exertions of every other profession and calling, "pale" before those of the humane practitioner of medicine. *Lancet*, Aug. 14, 1852.

Quadruple Birth.—A young woman was lately delivered, in Cork, of four living children, two boys and two girls, who, with the mother, are reported "to be as well as can be expected." Quadruple births are somewhat rare, but it is still more rare to find that all the four children survive.

The professor of surgery, Mr. Paget, in his first lecture upon the "malignant tumor," at the royal college of surgeons, made the startling announcement that persons operated upon for cancer, died, upon an average, thirteen months sooner of their disease than those who were not operated upon.

"Medical politics must run high in New-York, as Prof. Draper has notified the New-York Academy of Medicine, that the faculty of the University do not recognize that body. It remains to be seen what the Academy will do in view of so severe a calamity."

Cholera.

The Buffalo Medical Journal contains an able Report of a Committee of the Medical Society of that city upon the "influence of upturning the soil in the causation of Cholera." Professor F. H. Hamilton was the Chairman. We can only find room for its conclusion.

Recapitulation.—The conclusions to which we have arrived then are,

First. That upturning of the soil, under certain circumstances, will produce certain forms of disease, such as intermittents, &c.

Second. That in all these cases where newly opened soil occasions fevers, it is the old and decaying vegetable matter thus brought to the surface which chiefly, if not alone, produces the diseases which result.

Third. Decaying vegetable matter may produce not only fevers, but also, probably as an exciting cause, Asiatic cholera.

Fourth. That as an inevitable inference, upturning of the soil may, in the same manner, produce Asiatic cholera.

Fifth. That in our city there are many localities under which vegetable soil has been buried; and that in all those parts the exposure of this under soil to the air may become an exciting cause of cholera.

Sixth. That upturning of a clay, or sandy soil, which is impregnated with vegetable matter, may also, in proportion to the amount of such organic materials contained, prove a source of cholera.

We wish it to be understood, however, that we regard this cause as quite inconsiderable in the great majority of cases.

Seventh. That independent of the nature of the materials composing the soil, the obstructions occasioned thereby to the free passage of water along the gutters, renders upturning of the soil indirectly a source of cholera; and not alone in the manner now indicated, but also by forming irregular basins which contain water, as in many ploughed and unpaved streets, and upon the "flats."

Finally, the practical indifferences to be made from all we have said, are,

An active, and intelligent Board of Health, with the co-operation of the Mayor and Common Council and citizens, can do more for the arrest of the Asiatic cholera, than the most able body of medical men; since with them rests the task, so comparatively easy, of removing the causes; while with physicians only remains the work, so often impossible, of applying the remedy.

To this end, and that our city may become again as salubrious as it was known to be before its rapid growth had turned its pastures into pools, and its streets into muddy sewers—as healthy, and as free from epidemics as Utica, Schenectady, Troy, Albany, or indeed as any of our older sister cities, which are now enjoying an enviable exemption from the present epidemic; and for which they are indebted, no doubt mainly, to their complete drainage, and to the perfection of their public works, such as grading, paving, sewerage, &c.—to this end, we repeat, it is necessary that no narrow system of party interest, or mean economy should prevail; but influenced by enlarged views, which will esteem the lives of our fellow-citizens paramount to all other considerations, pecuniary or political, a plan must be devised, and a work carried out commensurate with the magnitude of the evil to be abated.

Were it necessary, however, we might easily demonstrate that even in a pecuniary point of view, the owners of property would find such expenditures remunerative. The reputation of increased salubrity which our town soon must enjoy, would, we have no doubt, return a quick interest for every dollar thus laid out.

By such measures as the following are these results only to be attained:

- By a system of sewerage, perfect and co-extensive with the city limits, or at least with occupied dwellings.
- By draining every cellar, and every lot whose level is below the street, or
- By filling up vacant and undrained grounds.
- By paving every street and lane, at least in those portions of the town where clay or alluvium preponderate.
- By removing all obstructions which arrest or retard the flow of water through the gutters. For it ought to

be strongly impressed, that a very small basin of stagnant water is, at certain seasons, the source of a very large amount of poisonous malaria.

- By sweeping the streets *thoroughly*, once or twice a week; and not allowing the dirt to be again sifted and scattered along the way by the loose wagons with which its removal is attempted.
- By requiring builders to occupy less room with their materials; and especially by requiring them so to confine their sand, &c. as that it may not be worked and blown about, rendering it impossible to keep cleanly swept any portion of the street in that neighborhood.
- By opening cess-pools in winter alone; or if they must be opened in hot summer nights, by at least insisting that they shall not be emptied through the whole length of our most public avenues.
- By permitting no vegetables, kitchen slops, or other offal, to be deposited for one moment in any street, or to be thrown into the sewers; but requiring that it shall be deposited in barrels or tubs conveniently placed, to be removed daily by persons employed for that purpose.
- By even a system of domestic espionage, by which the health officers shall feel themselves authorized to enter private premises, and order the abatement of nuisances in private yards and cellars.
- By not disturbing the earth during the summer and early fall months, especially where vegetable mould has been buried, unless upon urgent necessity; and where the necessity actually exists.
- By returning the earth to its place again before nightfall and at no time permitting it to obstruct the gutters, or water courses.

And if hereafter the cholera shall return to us, it will, we trust, find only here and there a victim, chosen from among that class whom poverty, or "over-crowding," or habits of personal filth, or intemperance, or other depressing vices, or habitual and gross imprudence, have most eminently predisposed to the disease. The causes will be confined to every man's own dwelling, and to every man's own self; and against such causes, thank God, we who are above want, may provide.

All of which is respectfully submitted.

FRANK H. HAMILTON, *Chairman*,
PHINEAS H. STRONG, } *Committee*.
CHARLES H. WILCOX, }

Electro-Physiology.

Dr. Brown Sequard, of Paris, is winning golden opinions from the profession of New-York, many of whom are profiting by his interesting and useful lectures and demonstrations on the physiology and pathology of the nervous system. He is *an au fait* in all that appertains to modern Physiology, and his numerous *vivisections* are conducted with a delicacy, and *sans froideur*, which divests them of any semblance of repulsiveness. Frogs, birds, rabbits, dogs, and guinea pigs, are chosen for the purpose.

Lectures on Uterine Displacements,

BY B. FORDYCE BARKER, M. D.

Prof. of Midwifery, etc. in the New-York Medical College,

[Reported by B. J. Roach, M. D.]

Gentlemen.—I propose to study with you, previous to the commencement of our regular course on Midwifery and Diseases of women, the subject of Uterine Displacements. I have selected this subject, because it seems to me that the tendency, at the present day, is to overlook and neglect this important class of affections. It is overshadowed in the study of the inflammatory affections of this organ.

The great value and importance of the advances which have been made in the Diagnosis and Pathology of Uterine Disease, especially the inflammatory affections of this organ and its appendages, cannot be too highly estimated.

But there is danger that old facts and old truths may be forgotten in the zealous pursuit of the new.

Displacement in some form or other is a very common affection. Indeed, some of the older writers regard it as the most frequent of all the chronic diseases, to which women in civilized society are liable. The symptoms which arise from Displacements are very numerous, extremely variable, and frequently rebellious to treatment. These symptoms are such as are common to a great variety of different affections of the uterus. Thus, menorrhagia, dysmenorrhea, leucorrhea, bearing down pains, rectal and vesical tenesmus, etc. indicate, that there is some uterine trouble, but none of these general symptoms are characteristic of any one particular affection. Professor Simpson of Edinburgh has well expressed the truth, that there are a great number of general symptoms which indicate that the uterus or its appendages are the seat of disease, but none which are pathognomonic of the particular disease, in the following proposition: "The general and local functional symptoms of disease of the uterus are such as to enable us to localize, without enabling us to specialize the exact existing affection of the organ." The medical man, therefore, who would diagnose inflammation or ulceration, or any other disease of the cervix on the one hand, or prolapsus or retroversion on the other, from the rational symptoms alone, would be utterly at fault. So then, in studying the subject of uterine displacement, we shall necessarily be obliged to study carefully, not only all the functional symptoms of uterine disease, but also all the signs derived from the improved methods of physical exploration.

In order to appreciate the symptoms arising from displacement of the uterus, we must be thoroughly acquainted with its normal position. I shall therefore detain you for a few moments with a brief description of the uterus and its anatomical relations in the cavity of the pelvis.

[The anatomical description of the uterus and its relations, we omit. Rep.]

Any change of position by which the uterus loses its place in the centre of the pelvis, with the bladder be-

fore and the rectum behind it, and its long diameter corresponding with the axis of the brim, is a displacement. But some displacements are physiological, as the descent of the uterus in the early months of pregnancy, its ascent in the latter months.

The pathological displacements are *prolapsus*, that is a depression of the uterus below its natural level in the pelvis. *Retroversion*, where the fundus falls below the promontory down into the hollow of the sacrum, at the same time the cervix rises up behind the symphysis pubis; *anteversion*, where the fundus falls forward towards the pubis, the cervix being directed backwards towards the sacrum, the uterus, as in retroversion occupying a transverse position in the pelvis. On the table before you, you see models representing each of these displacements, and also two other forms of displacement, in which the cervix retains its normal position, but the uterus is bent upon itself, backwards in the one, *retroflexion*, anteriorly in the other, *anteflexion*. By far the most frequent variety of these displacements is prolapsus. It occurs most frequently in females beyond the middle age who have borne children, but it is also met with in all ages, and in virgins. Several instances are even reported of its occurrence in children. Every degree of variety may be met with, from the case where the uterus only settles down lower into the middle of the vagina, which enlarges to afford lodgement for it; to the case where it projects in the vulva, dragging the vagina with it, and forming a tumour between the thighs. Different terms have been used by authors to indicate these degrees as *relaxation*, *delapsus*, *prolapsus*, *procidencia*, etc. but these terms as indicating the degree of descent have only been productive of confusion, as the second degree is called *procidencia*, and the third degree prolapsus by some, while others call the second degree prolapsus, and the third, *procidencia*. Nearly all authors make three degrees of prolapsus: 1st, where the uterus loses its proper level in the pelvis, the cervix resting on the perineum, the vaginal canal being somewhat shortened; but without any change in the direction of the uterine axis. 2d, where the uterus has sunk nearly or quite to the os externum, the upper half of the vagina being everted, like the finger of a glove with its top thrust inward, the axis of the uterus no longer corresponding with the axis of the brim, but being in the direction of the axis of the outlet of the pelvis. 3d, where there is complete protrusion of the uterus beyond the vulva, the uterine tumour being covered by the vagina, which is completely turned inside out.

Perhaps the least objectionable and most significant terms, as applied to these degrees of prolapsus, are those employed by Dr. Herring, the translator of Boivin and Duges work on Diseases of the Uterus. I shall therefore use the terms, *incipient-prolapsus*, *semi-prolapsus*, and *complete prolapsus*. It is of great importance to understand the causes of prolapsus in order to judge correctly as to its appropriate treatment. The principal causes assigned by authors are: 1st. Increased capacity and relaxation of the vagina. 2d. Weakness

and undue expansion of the broad and round ligaments of the uterus.

3d. Augmentation of the volume and weight of the uterus. There has been a great diversity of opinion among authors as to the causes. Lisfranc, Cruveilhier, Bennet, and others, are disposed to ascribe prolapsus solely to increase of weight of the uterus. Others refer it wholly to relaxation or diminished power of the suspensory ligaments of the uterus.

On the other hand, most ingenious and conclusive arguments have been urged by different authors against each of these causes, so that taking all their arguments together, there should be no such thing as prolapsus known. One believes that relaxation of the vagina cannot be a pathological cause of prolapsus, because the vagina is an organ susceptible of development to an almost indefinite extent, and can scarcely have been intended to maintain a degree of contractedness sufficient to enable it to sustain the uterus in any given position, and because the vagina is actually the most ample, where, if the vagina is to support the uterus, it should be the most contracted.

Others assert that relaxation of the uterine ligaments is the effect of prolapsus and not its cause. Professor Burns and Dr. Ashwell, found by experiment on the dead body, that by cutting the ligaments the uterus could not be made to protrude without much force. Again it is asserted by others, that there is frequently marked increased weight of the uterus, without any proportionate descent of the organ.

These objections may all hold good against any exclusive view as to the cause of prolapsus. But Vidal is undoubtedly correct in referring the causes to the three following orders:

1st. Those which refer to the state of the vagina and pelvis.

2d. Those which refer to the attachments of the uterus, viz: the ligaments.

3d. Those causes inherent to the uterus itself. A large pelvis, with a capacious lax vagina, itself disposed to prolapsus, singularly predisposes the uterus to prolapse. The uterine ligaments, like all other ligaments, may become relaxed. They may become enfeebled by repeated pregnancies, or by changes in the constitution of the woman.

All that which augments the volume or weight of the uterus, operate, sooner or later, in effecting a change in the situation of the uterus. Thus fibrous tumors, cancers, polypi, inflammations, or other lesions of the cervix, may produce a change in the position of the uterus. Of the predisposing causes, by far the most common is too early resumption of the erect posture after labor. During gestation the ligaments of the uterus are for a long time greatly elongated. At the time of labor, the vagina is greatly distended by the passage of the fœtus. During gestation the uterus increases in weight from two ounces to twenty-five or thirty ounces. After delivery, it requires from four to

eight weeks for it to return to its normal size in the unimpregnated condition.

Here then we have in gestation a physiological preparation for the three pathological causes which we have mentioned of prolapsus.

During menstruation also, the uterus, and in fact, all the sexual organs are physiologically congested. There is increased weight of the uterus, the ligaments are stretched, and therefore weakened, the vagina is also congested, and therefore relaxed. So at this period any severe exercise, as lifting a heavy weight, dancing, running, &c. may produce displacement.

I am thoroughly convinced, that it is much more common, owing to this cause, among unmarried females, even young girls, than is usually believed or suspected.

Prolonged leucorrhœa has been assigned as one of the predisposing causes of prolapsus, but here it seems to me, a coincident symptom of some other pathological condition has been mistaken for a cause. Those accustomed to treat uterine disease, have observed that the inflammatory diseases of the cervix are almost invariably attended with a prolapsed condition of the organ. Dr. Bennet is perhaps too exclusive in his views as to the inflammatory diseases of the cervix being the principal cause of prolapsus. But the fact cannot be doubted, that it is usually accompanied by more or less descent of the organ, and that it rises higher and higher in the cavity of the pelvis as the inflammatory affection progresses towards a cure.

The symptoms arising from prolapsus are by no means proportionate to the degree of the descent of the organ, but depend in a great measure upon the susceptibility of the individual. A delicate, irritable woman, will suffer much more from a semi-prolapsus than a hardy, robust woman accustomed to active exertion, will suffer from complete prolapsus of the organ.

The symptoms are partly mechanical, arising from pressure upon the other organs within the pelvic cavity, and partly sympathetic.

The symptoms of incipient prolapsus do not appear suddenly but gradually. There is a dragging pain in the loins and over the sacrum, increased by any exertion in walking, or even by standing. Pain is also felt in the groin, sometimes extending to and terminating in the labia. This is due to the stretching of the round ligaments. Leucorrhœa is almost a constant symptom. This may arise from the excitement produced in the muciparous glands of the vagina, by the irritation of the cervix pressing upon them, or to the associate disease of the cervix. Strangury is sometimes complained of, and indicates more or less inflammation of the prolapsed cervix and the parts contiguous to it. The function of menstruation is said to be rarely suspended in the majority of cases. However, I do not think this is true as regards young women. In them incipient prolapsus is generally accompanied by scanty menstruation, and sometimes complete amenorrhœa. In some rare cases, there is the opposite condition, viz: menorrhagia.

When the symptoms, I have just mentioned, have existed for a long time, you may expect to find the patient complaining of nausea, loss of appetite, flatulence, and constipation.

On a vaginal examination, the cervix will be found within an inch or two of the orifice, and resting on the perineum, which it ought not to touch. The vagina is generally moister than natural, loose and flabby, or smoother and less corrugated than usual. Incipient prolapsus may be confounded with early pregnancy, or with congenital elongation of the neck, or with polypus.

In the earliest period of pregnancy, the uterus, obeying the laws of gravity, sinks down into the cavity of the pelvis. The fundus falls a little backwards towards the sacrum, while the cervix approaches or comes in contact with the perineum and is directed forward. But the absence of the functional derangements of pregnancy, and the presence of the other symptoms which I have just enumerated, will leave little liability to mistake early pregnancy for incipient prolapsus. In certain females the cervix nominally projects more than an inch into the cavity of the vagina. But this condition is not attended with the lumbar and inguinal pains, or indeed, any of the other symptoms of depression, except, perhaps, occasional rectal or vesical tenesmus. Cases are recorded where incipient prolapsus has been mistaken for polypus. I met with one, in a young woman who had been married some eight months. Menstruation was irregular, profuse and painful. The cervix was greatly engorged, pressing on the perineum and within an inch of the external orifice. Her ordinary medical attendant had probably made a hasty, careless examination, and pronounced the case one of polypus.

Moreau relates a case exactly the opposite of this. A young woman of twenty, was sent to him from the provinces on account of a supposed prolapsus. He found a polypus which he removed by ligature. Polypus is, ordinarily accompanied by a sanguineous discharge. Prolapsus by a leucorrhœal discharge.

The inferior extremity of the polypus is the largest. This fact and the absence of the os tinæ will be sufficient to determine the difference between the two. The diagnosis of incipient prolapsus is by no means complete, on ascertaining that the organ is depressed. However, I will reserve what I have to say on this point, until I come to speak of the treatment.

The symptoms of semi-prolapsus are only an exaggeration of those first described. The long diameter of the uterus corresponds with the axis of the outlet. The uterus compresses the rectum and the bladder, and there is frequently difficulty in evacuating these organs. Obstinate constipation from a mechanical cause is not unusual. The strangury arising from this, as remarked by Sir Charles Clark, differs from that arising from other causes, in that it goes off when the patient lies down.

In complete prolapsus the uterus has become an external tumour, covered by the vagina. The bladder is turned backwards and withdrawn from the pressure

of the abdominal muscles, so that it is evacuated with difficulty and incompletely. The mucous membrane of the vagina covering the uterus, loses its destructive character as mucous membrane, becomes dry and resembles skin. By the friction of the thighs, the clothes, etc. the surface becomes eccoriated, and superficial ulcerations take place. In some cases, inflammation is excited which results in gangrene and separation of the uterine. The general symptoms of complete prolapsus are often much less severe than those occurring in semi-prolapsus.

(To be Continued.)

New Publications.

BOHN'S LIBRARIES. Bangs, Brother, & Co. in Park-row, New-York, have received a number of new volumes of these serial publications, upon which literary men every where place so high a value. Among them is the 2nd. volume of Humboldt's *Travels to the Equinoctial Regions of America*, &c.

We have before had occasion to commend these libraries to reading men who will find all the standard classics in the best translations in one series, cheaper than ever before accessible. The Scientific and Antiquarian Libraries are rich in these departments, while in the Standard Library will be found a variety of the best works in the English language in every department of literature and belle lettres. Our brethren who have the means to spare should supply themselves with the entire series, and especially with the Illustrated Library, if they would excel in the treasures of general learning, to which no professional man should be a stranger.

NELIGAN ON DISEASES OF THE SKIN. Philadelphia, Blanchard & Lea, 1852.

This work is by the author of a former well known book on *Medicines; their Uses, &c.* and which is highly estimated in America. From a cursory examination, we judge that this treatise will add to his already exalted reputation. Its prompt re-publication here will confer a public benefit, for diseases of the skin are deservedly attracting a larger share of attention than heretofore, and monographs on the subject by thoroughly practical men like Dr. Neligan cannot fail to be useful.

GENERAL PATHOLOGY. By John Simon, F. R. S. Philadelphia, Blanchard & Lea, Philadelphia.

These lectures while passing through their serial publication in the Medical News, we have had occasion very highly to commend, and now that the complete work is before the profession, we are satisfied that their merit has not been overrated. Alas, that reading physicians should be so few, comparatively to the whole number. If study were to become characteristic of all medical men, as it used to be, such books as this would write the epitaph of Homœopathy and every other exclusive creed.

ECLECTIC GERMAN READER, by W. H. Woodbury, New-York, Leavitt & Allen, 1852.

This work has been highly spoken of by our best scholars as superior to any work of its class, and admirably adapted to learners, as is also the author's *Grammar of the German Language*, to be had of the same publishers.

PHYSICIAN'S VISITING LIST, DIARY, and BOOK OF ENGAGEMENTS, for 1853. Philadelphia, Lindsay & Blackiston.

This pocket companion for medical men, has proved itself so useful and convenient, that it is likely to become a permanent annual, and will be every where preferred by the profession when once its merits are tested by use. It serves all the purposes of a day book, cash book, and remembrancer, and may be conveniently carried in the breast pocket.

ICONOGRAPHIE OPHTHALMOLOGUE, par J. Sichel, Paris, August, 1852.

This beautiful work will be published in twenty numbers; each number containing twenty-eight descriptive pages, and four plates. The figures are drawn from nature, engraved, printed in color, and afterwards retouched with the pencil with the greatest care. Nothing can exceed their beauty and faithfulness. They far surpass the designs of Demours, Ammon, Dalrymple, or any other author.

The work, which is the fruit of twenty years' labor, was nearly completed twelve years ago, but after many expensive experiments with lithography and chromo-lithography, he abandoned what had been pretty far advanced and began the whole anew, as engraving alone could give the necessary precision.

Of the four plates contained in the present number, the first exhibits six figures illustrating traumatic ophthalmia, the second and third, each six figures of catarrhal and catarrho-rheumatic ophthalmia, with granulations and chemosis. These are original, and represent the cases with life-like fidelity. The fourth plate, which, as acknowledged, is from Brücke and Arit, contains sections of the eye-ball and of the retina, all of which are defective, Brücke's section is far inferior to that of Jones', placed as a frontispiece to Mackenzie's treatise, although the latter is inferior to the sections of the younger Soemmering.

Brücke boasts of his discovery of the ciliary muscle in 1846, and is said to have demonstrated it to the monarchs of Germany yet from the drawing exhibited, it is evident that he has no clear idea of the anatomy of the ciliary body. Bowman in his work published three years ago is more incorrect than Brücke, for he represents the ciliary processes which every body knows to be vascular as the ciliary muscle. The first demonstration of the true structure of the ciliary body and of the retina was made by Dr. Wallace at the College of Physicians and Surgeons of New-York in 1835, and published long before Brücke or Hannover made claims to discoveries with which they are still but imperfectly acquainted.

The letter press description is brief and to the point. The subject is general in the present number, but will be particular as the work advances.

In drawing, coloring, printing, and general finish it is superior to any work on ophthalmology, which has ever appeared.

DAS SEHORGAN VON Dr. Emil Ilgen, Wiesbaden, 1850.

The Organ of Vision, by Dr. Ilgen. Like the work already noticed the collection of Dr. Ilgen will be published in numbers. Only the first number, which contains fifteen lithographic plates, has been received. These are very fair copies from Soemmering, Arpold, Hassner and Brücke, but there is no original matter excepting one plate, representing the eyes of living animals, and three illustrating cases of staphy loma, and a case of fungus hæmatodes.

A good compilation collecting drawings and descriptions from many sources into one volume is a desideratum in ophthalmology. The author has acquitted himself with ability, and has preferred to be useful rather than original.

OPERATIVE SURGERY, illustrated, &c. By R. U. Piper, M. D. Boston, Ticknor, Reed & Fields.

We have just been favored with a copy of this work, and confess our disappointment in finding it to be a compilation, throughout, after the manner of Maygrier's book, and without other merit than that of copying text and plates from other works, which speaks well for the industry of the compiler who seems to have availed himself of every accessible source, and condensed his selections in a single volume. The plates are not equal to those of kindred works in the market, but are passably executed, while the coloring is below mediocrity, and not worthy of Boston publishers. Their number must make up for their quality, for there

are some nineteen hundred in the volume. If the engravings had been better, and the coloring in the highest style of art, this book would command a high price and remunerate the publishers; a result which we fear has been defeated by the effort to cheapen the publication. It contains instructions in the methods of performing all the operations of Surgery, which will be useful to young surgeons.

GOD IN DISEASE, or the Manifestations of Design in Morbid Phenomena. By James F. Duncan, M. D. of Dublin. Philadelphia, Lindsey & Blackiston, 1852.

This work constitutes an appropriate appendix to the celebrated Bridgewater Treatises, and is written with an ability scarcely inferior to either of them. The author aims to overthrow the prevalent infidelity of the times, especially among scientific men, which is betrayed by magnifying second causes of events and phenomena in nature, and reasoning upon these to the exclusion of the Great First Cause. He maintains that the evidences of design on the part of the Creator of our race, are as manifest in disease as in health, and he argues from pathological laws and developments in proof of his position, introducing multiplied illustrations with admirable ingenuity and force. We commend the book as worthy of perusal by unprofessional readers as well as physicians, for which indeed its untechnical style adapts it. In these degenerate days, when there would seem to be an effort on the part of too many writers, to blot out the very name of God Almighty from the Universe, such a work should be highly prized, especially when written by one whose scientific knowledge is as obvious as his piety.

ON SYPHILIS, Constitutional and Hereditary, and on Syphilitic Eruptions, by Erasmus Wilson, F. R. S., with 4 colored plates. Philadelphia, Blanchard & Lea, 1852.

The author of this work has done the profession good service by the best book ever written on diseases of the skin, and he has now increased his reputation by this treatise on Syphilis which will be found to excel in its discriminating and practical character. The publishers, appreciating the value and destined popularity of the work, have excelled themselves in the style of its publication, the colored plates surpassing in their accuracy and finish, any specimen of artistic elegance we have ever seen executed in America.

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Materia Medica and Therapeutics, and Medical Jurisprudence, L. P. GARVIN, M. D.
Obstetrics and Diseases of Women and Infants, J. A. EVE, M. D.
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Augusta, July, 1852. G. M. NEWTON, Dean.

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The Nineteenth Annual Course of Lectures in this Institution will commence on the first Wednesday of March, 1853, and continue 16 weeks.
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JAMES WEBSTER, M. D. Professor of Anatomy and Physiology.
CHARLES A. LEE, M. D. Professor of Materia Medica and General Pathology.

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Deeming it unnecessary to remind any regular member of the Medical profession, of the established Medical properties of PURE HOLLAND GIN, in many diseases of dropsical tendency, I respectfully invite your examination to a very superior Article, manufactured by myself exclusively, at SCHIEDAM, in HOLLAND, by a process peculiar to my own Factory. It is flavored and medicated, not by the common harsh Berry, but by the choice botanical variety of the aromatic Italian Juniper Berry, whose more vinous extract is distilled and rectified with its spirituous solvent, and thus becomes a concentrated tincture, of exquisite flavor and aroma, altogether transcending, in its cordial and medicinal properties, to any Holland Gin heretofore known.

And the influx of inferior distillations with which the market is now flooded, physicians find no little difficulty in procuring a good and pure Gin, which they can prescribe with confidence in its beneficial effects. As an importer of twenty years' standing, in the city of New-York, and possessing a matured experience in the manufacture of HOLLAND GIN especially, I beg to submit to your attention my “AROMATIC SCHIEDAM SCHNAPS,” as one which cannot fail to realize your utmost expectations, and I shall be happy to forward to you a bottle of it, free of charge, in answer to a letter intimating your readiness to accept it.

It is now scarcely six months since I have prepared and distributed my SCHIEDAM GIN exclusively for medicinal purposes; yet, within that brief period I have received numerous letters, both from physicians and patients, testifying to its really extraordinary efficacy in Gravel, Incipient Dropsy, and affections of the Kidneys and Bladder generally; and I have no doubt that it would yield similar results, with precision and certainty, in your own professional experience.

UDOLPHO WOLFE, Importer,

No. 22 Beaver-street, New-York.

PHILADELPHIA COLLEGE OF MEDICINE.

Fifth-street, a few doors south of Walnut.

The Twelfth Course of Lectures will be commenced on Monday, October 18th, 1852, and be closed on Saturday, February 26th, 1853.

President, Hon. JESS B. BURDEN, M. D.—Faculty: James McClintock, M. D. Professor of Anatomy; Rush Van Dyke, M. D. Professor of Medicine; James Bryan, M. D. Professor of Surgery; Ezra S. Carr, M. D. Professor of Chemistry; Frederick A. Fickardt, M. D. Professor of Materia Medica; John K. Mason, M. D. Professor of Midwifery; David Paul Brown, Esq. Professor of Forensic Medicine; Henry Goadby, M. D., F. L. S. Professor of Histology; George Hewston, M. D. Demonstrator of Anatomy.

FEES—For Matriculation, only once paid, \$5.00. For each ticket of the Governing Faculty, six Professors, \$15—\$90. For a perpetual ticket, \$100. For a third course, to those who have attended two full courses in other colleges, \$50. For Graduation, \$30.

For Practical Anatomy, including Recapitulatory Lectures,	\$11
Recapitulatory Lectures alone,	5
Histology and Microscopy, optional,	5
Forensic Medicine, do.	5

The ticket to the Pennsylvania Hospital is presented to every full course and perpetual ticket paying Candidate for Graduation. In addition to Hospital advantages afforded in the city, Clinical Instruction is given in the College.

The thirteenth session of the Institution will commence on Monday, March 11, 1853, and close about July 10th, 1853.

For farther information inquire of

JAMES MCCLINTOCK, M. D. Dean,

No. 1 North Eleventh-street, Philadelphia.

August 20, 1852.

PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.

NINTH, BELOW LOCUST-STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D. Professor of the Theory and Practice of Medicine.

JOHN WILTBANK, M. D. Professor of Obstetrics and Diseases of Women and Children.

HENRY S. PATTERSON, M. D. Professor of Materia Medica and Therapeutics.

DAVID GILBERT, M. D. Professor of the Principles and Practice of Surgery.

JOHN J. REESE, M. D. Professor of Medical Chemistry and Pharmacy.

J. M. ALLEN, M. D. Professor of Anatomy.

FRANCIS GURNEY SMITH, M. D. Professor of the Institutes of Medicine.

WILLIAM H. GOBRECHT, M. D. Demonstrator of Anatomy.

The Lectures for the Session of 1852-3 will commence on Monday the 11th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator of Clinical Instruction at the College and at the Pennsylvania Hospital in the immediate vicinity.

FEES—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information apply to

D. GILBERT, M. D. Registrar,

181 N. Ninth-street, Philadelphia.

August 1852.

JEFFERSON MEDICAL COLLEGE.

THE REGULAR SESSION OF 1852-3.

The regular Course of Lectures will commence on Monday, the 11th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M. D. Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D. Professor of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M. D. Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D. Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D. Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D. Professor of Chemistry.

ELLERSLIE WALLACE, M. D. Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, two thousand and twenty-nine cases were treated, and three hundred and eight operations performed. Among these were many major operations—an amputation of the leg, thigh, arm, hand, mammae, &c. trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the Dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEES.

Matriculation, which is paid only once,	\$5 00
Each Professor, \$15	105 00
Graduation,	30 00

The number of Students during the last session was 506; and of Graduates 228.

R. M. HUSTON, M. D.

Dean of the Faculty, No. 1 Girard-street.

July, 1852.

FREE MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.

SESSION 1852-3.

ZINA PITCHER, M. D. Emer. Prof. Institutes of Medicine and Obstetrics.

SAMUEL DENTON, M. D. President, Prof. Principles and Practice of Medicine.

ABRAM SAGER, M. D. Prof. Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLASS, M. D. Prof. Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D. Prof. Anatomy and Surgery.

J. ADAMS ALLEN, M. D. Secretary, Prof. Materia Medica, Therapeutics and Physiology.

EDMUND ANDREWS, M. D. Assistant Lecturer in Anatomy and Demonstrator.

The Third Annual Session will commence upon Wednesday, the 6th day of October next, and continue till the third Wednesday in April ensuing. A Matriculation Fee of Ten Dollars entitles to the privilege of permanent membership. Four Lectures daily, or a total varying from five hundred and forty to five hundred and sixty during the entire term.

The prime object of the Institution will continue to be, to carry out as strictly as possible, in spirit and detail, the requirements of the National Medical Association.

For further particulars, if desired, address the Secretary of the Faculty at Ann Arbor, Mich.

J. ADAMS ALLEN, Sec.

THE NEW-YORK MEDICAL GAZETTE, AND JOURNAL OF HEALTH,

EDITED BY D. M. REESE, M. D. LL. D. 775 BROADWAY, NEW-YORK;

AND SOLD BY

H. T. Kiersted, 532 Broadway, D. Fanshaw, 108 Nassau-street, T. J. Crowen, 599, and Stringer & Townsend, 222 Broadway.

CLOSE OF THE VOLUME.

Vol. III.

DECEMBER 1, 1852.

Nos. 23 & 24.

CONTENTS.

To Correspondents, ...	329	A Palpable Hit, ...	333	Solution of Gutta Serena in Chloroform, ...	345
Close of the Volume (New Series), ...	330	Health Documents, ...	334	The Chemist's Dream, ...	346
Terms, Agencies, &c. of Vol. 4, ...	330	American Journal of the Medical Sciences, ...	333	Visit to Professor Simpson, the introducer	
Round Volumes, ...	330	Professor John Bell, ...	334	of Chloroform, ...	348
Medical Schools in New-York, ...	331	New-York Hospital, ...	334	Conclusion of Professor Peaslee's intro-	
Medical Education, ...	331	Medical Times, ...	334	ductory Lecture, ...	349
New-York Academy of Medicine, ...	332	American Medical Association, ...	335	Chloroform and its Dangers, ...	351
Society for the relief of the Widows and		Inconsistencies of Homoeopathy, ...	335	Dr. J. C. Warrens remarks on a death by	
Orphans of Medical Men, ...	332	Insanity, ...	336	Chloroform, ...	351
Anatomical Drawing, ...	332	Diabetes Mellitus, ...	337	Surgery, ...	354
Dr. Tully, ...	333	Medical Lectures in Philadelphia, ...	338	Medical Books, ...	354
The Medical Examiner, ...	333	Hints on Physical Education, ...	341	The Reunited Powers of the Sulphate of	
Medical College of Georgia, ...	333	The Coronary of Graduating, ...	343	Quinine, ...	354
New-York Tribune, ...	333	Gratuitous Medical Services, ...	344	Death of Dr. Drake, ...	355
Chrono-Thermism, ...	333				

COLLEGE OF PHYSICIANS AND SURGEONS

OF THE

University of the State of New-York.

The Forty-Sixth Session of the College will be commenced on Monday, 11th of October, 1852, and continued until March 10th, 1853, (commencement day.)

ALEXANDER H. STEVENS, M. D., LL. D. President of the College and Emeritus Professor of Clinical Surgery.

JOSEPH M. SMITH, M. D. Professor of the Theory and Practice of Medicine and Clinical Medicine.

JOHN TORREY, M. D., LL. D. Professor of Botany and Chemistry.

ROBERT WATTS, M. D. Professor of Anatomy.

WILLARD PARKER, M. D. Professor of the Principles and Practice of Surgery.

CHANDLER R. GILMAN, M. D. Professor of Obstetrics and the Diseases of Women and Children.

ALONZO CLARK, M. D. Professor of Physiology and Pathology (including Microscopy).

ELISHA BARTLETT, M. D. Professor of Materia Medica and Medical Jurisprudence.

CHARLES E. ISAACS, M. D. Demonstrator of Anatomy.

LEWIS A. SAYRE, M. D. Demonstrator of Surgery.

FEES.—Matriculation Fee, \$5; Fees for the full Course of Lectures \$105; Demonstrator's Ticket, \$5; Graduation Fee, \$25; Board, average \$3 per week.

Clinical Instruction is given at the New-York Hospital daily, by the Medical Officers, (Professor Smith being one of them.) fee \$3 per annum; at the Bellevue Hospital twice a week, without fee, (Professors Parker and Clark belonging to the Medical Staff) at the Eye Infirmary, without fee; and upwards of 1000 patients are annually exhibited to the class in the College Clinique. Obstetrical cases and subjects for dissection are abundantly furnished through the respective departments.

The Annual Commencement is held at the close of the Session; there is also a Semi-annual Examination on the second Tuesday of September. The pre-requisites for Graduation are—21 years of age, three years of Study, including two full Courses of Lectures, the last of which must have been attended in this College, and the presentation of a Thesis on some subject connected with Medical Science.

In addition to the regular Course, and not interfering with it, a Course of Lectures will be commenced on Monday, 27th September, and continued until the 11th October.

The Course will be free.

R. WATTS, M. D. Secretary to the Faculty.

College of Physicians and Surgeons,
67 Crosby-street, New-York.

NEW-YORK MEDICAL COLLEGE.

The next Annual Course of Lectures in the New-York Medical College, will commence on Wednesday, 6th October, 1852, and continue five months.

HORACE GREEN, M. D. President of the Faculty, and Professor of the Theory and Practice of Medicine.

JOHN H. WHITAKER, M. D. Professor of General, Descriptive and Surgical Anatomy.

EDWIN HAMILTON DAVIS, M. D. Professor of Materia Medica and Therapeutics.

B. FORDYCE BARNES, M. D. Professor of Midwifery and Diseases of Women and Children.

R. OGDEN DOREMUS, M. D. Professor of Chemistry and Medical Jurisprudence.

J. M. CARNOCHAN, M. D. Professor of the Principles and Operations of Surgery with Surgical Pathology.

EDMUND R. PEASLEE, M. D. Professor of Physiology, Pathology, and Microscopy.

HON. JOEL PARKER, LL. D. Professor of Medical Jurisprudence.

C. C. ALLEN, M. D. Lecturer on Dental Surgery.

ANDREW K. SMITH, A. M. M. D. } Prosector to the Professor of
DENTAL GREEN, M. D. } Surgery.

D. S. CONANT, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened for Classes on the 1st of October, This College has just received from Europe a most valuable and extensive Museum fully representing external and internal pathology, together with the whole series of Microscopic Models.

The advantages which New-York offers for Clinical Study far surpass those of any other city. The Students of this College can have access to the New-York Hospital, Bellevue Hospital, and Emigrants' Hospital, as well as to the Eye and Ear Infirmary, and the various Dispensaries of the city. A Surgical and a Medical, and an Obstetrical Clinique will be held weekly by the Professors of these departments. Obstetrical cases and subjects for dissection are abundantly furnished for the students.

Fees.—Matriculation, \$5. Demonstrator's Ticket, \$5. The full course \$105. For the final examination, \$30.

By the charter of the Institution a Graduate of the School can practise his profession in any part of the State without being subject to the annoyance of examination from Medical Societies.

R. OGDEN DOREMUS,

Dean of the Faculty.

New-York Medical College,
East Thirteenth-street near Broadway.

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEDEDIAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, Jr. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LONDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

Fees—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

CASTLETON

MEDICAL COLLEGE.

There will be annually two full Courses of Lectures in this institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PERKINS, M. D. Professor of Materia Medica and Obstetrics.

EZRA S. CARR, M. D. Professor of Chemistry, and Natural History.

WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

Fees.—For each full Course of Lectures, \$50. For those who have attended two full Courses at other Medical Colleges, \$10 Matriculation, \$5. Graduation, \$16. Board, including the expenses of room, fuel, and lights, can be obtained in respectable houses at from \$1.75 to \$2.50 per week.

Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

UNIVERSITY OF LOUISVILLE,

MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, Jr. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinicque has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2.50 to \$3 a week.

L. P. YANDELL, M. D.

August, 1852.

Deau of the Faculty.

BALTIMORE COLLEGE OF DENTAL SURGERY.

Session 1852-3.

FACULTY.

CHAPIN A. HARRIS, A. M., M. D. Professor of Principles and Practice of Dental Surgery.

THOMAS E. BOND, A. M., M. D. Professor of Special Pathology and Therapeutics.

W. R. HANDY, M. D. Professor of Anatomy and Physiology.

ALFRED A. BLANDY, M. D. Professor of Operative Dentistry.

PHILIP H. AUSTEN, M. D. Professor of Mechanical Dentistry.

REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

The Mechanical and Dissecting Rooms will be opened on the last Monday of October. The Infirmary will be open throughout the year.

The regular Course of Lectures begin on the last Monday of November, and continue till the last of March.

Tickets for the Course, \$110; Dissecting Ticket, (optional,) \$10; Matriculation, \$5; Diploma Fee, \$30.

Good Board from \$2.50 to \$3.50.

The Faculty open their next Session in a New College, much larger, handsomer, and better adapted for all the purposes of Dental instruction, and situated in a more central part of the city. Contains two spacious and beautiful Lecture Rooms, an Infirmary, Mechanical and Dissecting Rooms; also a Museum, presenting Teeth of every pathological variety; anatomical preparations, plates, and models, with a large and costly chemical apparatus, thus furnishing the most ample mean for illustrating the several Departments.

W. R. HANDY, Dean.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 23 & 24.

DECEMBER 1, 1852.

\$2 PER ANNUM.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT—Session 1852-3.

The Lectures will commence on Monday, October 11th, and terminate in the middle of March ensuing.

Theory and Practice of Medicine, by GEO. B. WOOD, M. D.

Anatomy, by WILLIAM E. HORNER, M. D.

Materia Medica and Pharmacy, by JOSEPH CORSON, M. D.

Chemistry, by ROBERT E. ROGERS, M. D.

Surgery, by WILLIAM GIBSON, M. D.

Obstetrics & Diseases of Women & Children, HUGH L. HODGE, M. D.

Institutes of Medicine, by SAMUEL JACKSON, M. D.

Clinical instruction at the University twice weekly, and at the Pennsylvania Hospital.

J. CORSON, Dean,

332 Walnut-street.

LECTURES ON DISEASES OF THE CHEST.

The undersigned proposes to continue his Winter Course of

Free Lectures on Diseases of the Lungs and Heart,

On every Tuesday evening, (commencing November 24,) from 8 to 9 o'clock, at

The College of Physicians and Surgeons, Crosby-street.

Illustrations will be given by numerous

CASTS, DRAWINGS AND MORBID SPECIMENS.

There will be a

CHEST CLINIQUE,

with Pathological Demonstrations, at 3 o'clock, on each succeeding Saturday afternoon, at his

Office, No. 49 East Broadway.

Students, and Members of the Profession, are respectfully invited.

JOHN W. CORSON, M. D.

One of the Physicians of the Brooklyn City Hospital.

TO MEDICAL STUDENTS

And the Profession.

DR. ELLIOTT'S LECTURES ON THE THEORY AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY, including the Anatomy, Physiology, and Pathology of the Human Eye, will be resumed during the ensuing winter. Clinical and microscopic demonstrations with dissections of the organ, and magnified drawings from nature, will illustrate the course.

Special attention will be paid to the reciprocal relations and sympathies between the structure of the eye and the vital organs, showing the indispensable necessity of general and constitutional treatment in all forms of Ophthalmic disease.

Circulars, containing full particulars and testimonials, may be obtained by calling on Dr. Elliott, at his office, 498 Broadway, on Mondays, Wednesdays and Fridays, between 10 and 3 o'clock.

LECTURES

ON OPHTHALMIC MEDICINE AND SURGERY.

The subscriber will continue his course of Lectures on the above subjects every Thursday Evening during the Winter, from eight to nine o'clock, at the

New-York Ophthalmic Hospital,

No. 6 STUYVESANT-STREET, NEAR THIRD AVENUE.

The introductory to the course, will be given on Thursday, November 11th, at 7½ o'clock, P. M. at the University Medical College in Fourteenth-street, between Irving Place and Third Avenue. Subject—The Rise and Progress of Ophthalmic Medicine and Institutions in Europe and America.

Students of Medicine and members of the Profession are respectfully invited to attend.

N. R.—The Lectures will be illustrated by a splendid collection of models; also by Dalrymple's and Siebel's magnificent engravings on the Pathology of the eye.

The various operations on the eye will be performed in the presence of the Class.

For further particulars, inquire at the residence of the undersigned, No. 167, East Fourteenth-street.

MARK STEPHENSON, M. D.

Surgeon to the New-York Ophthalmic Hospital.

Receipts not otherwise given.

Drs. Crutenden, Blois, Branch, W. Kelly 2, Darling, Stilwell, H. A. Ramsey, Perry, Porter, Ludlow, K. Parker, Wallace, Wooten, Downes, A. Smith, McChesney, Peake, Renny, Trowbridge, Williams 3, Orden 3, Sleight, Henry, Phelps, Wilson, Thompson, Brooks, Webster, James, Rhoades, O'Reilly, Bell.

To Correspondents.

The article sent us entitled "The History and Mystery of the Medical Department of the University of New-York," is unavoidably postponed. It will keep till the *January* number, and will be in time for the "ides of May."

Dr. P. of the State Society, who proposes a plan for the gratuitous supply of every Clergyman in the State of New-York, with our next volume; and offers to contribute to a fund for this purpose, will find but few of those interested, who would imitate his liberality. He thinks that the wide diffusion of our Journal would "do more to overthrow quackery than any other course which could be pursued," and hence proffers his contributions to that object. Our experience for three years in conducting the Gazette, has convinced us that there is not sufficient esprit du corps in our ranks to sustain any medical press beyond the mere cost of subscription, and, even this, too many forget to pay, at however cheap a rate. Hundreds of physicians in our city and state neither subscribe for, nor read any Medical Periodical; so that Dr. P. will find but few to respond to his generous offer for enlightening the people through the Clergy of the state. He

MEDICAL COLLEGE OF OHIO.

SESSION OF 1852-3.

The Thirty-third Annual Course of LECTURES will commence on the first Monday in November, under the following arrangement, and close on the last of February:

JEDEDIAH COBB, M. D. Professor of Anatomy.

JOHN LOCKE, M. D. Professor of Chemistry and Pharmacy.

JOHN LOCKE, Jr. M. D. Adjunct Professor of Chemistry and Pharmacy.

L. M. LAWSON, M. D. Professor of Physiology and Pathology.

T. O. EDWARDS, M. D. Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. BAXLEY, M. D. Professor of Surgery and Surgical Anatomy.

LONDON C. RIVES, M. D. Professor of Obstetrics and the Diseases of Women and Children.

DANIEL DRAKE, M. D. Professor of Theory and Practice and Clinical Medicine.

WM. H. COBB, M. D. Demonstrator of Anatomy.

The Dissecting Rooms will be opened on the first of October, and continued throughout the session. Every desirable facility will be afforded for the study of Practical Anatomy.

Clinical Lectures, by the Professors of the Practice of Medicine and Surgery, will be delivered regularly throughout the session, at the Commercial Hospital.

Preliminary Lectures, during the month of October, will be delivered by members of the Faculty. This course (which will be free) will embrace Clinical Lectures at the Hospital, and Lectures at the College. It will not infringe on the regular course.

The new College Building, just finished, will be in readiness in every respect at the opening of the ensuing course; pupils, therefore, may rely on every convenience for the prosecution of their studies.

FEES—For the whole Course collectively, \$105; Matriculation Ticket, \$5; Dissecting Ticket, \$10; Hospital Ticket, \$5; Graduation Fee, \$25.

Good Board (including fuel and lights) will average about \$2.50 per week.

L. M. LAWSON, M. D. Dean of the Faculty.

Cincinnati, July, 1852.

CASTLETON

MEDICAL COLLEGE.

There will be annually two full Courses of Lectures in this institution; the *Spring Session* commencing on the last Thursday in February, the *Autumnal Session* commencing on the first Thursday in August. Each course will continue four months, under the direction of the following faculty.

JOSEPH PERKINS, M. D. Professor of Materia Medica and Obstetrics.

EZRA S. CARR, M. D. Professor of Chemistry, and Natural History.

WILLIAM SWEETSER, M. D. Professor of Theory and Practice of Medicine.

MIDDLETON GOLDSMITH, M. D. Professor of Surgery.

WILLIAM C. KITTRIDGE, A. M. Professor of Medical Jurisprudence.

CORYDON LA FORD, M. D. Professor of Anatomy and Physiology.

ADRIAN T. WOODWARD, M. D. Demonstrator of Anatomy.

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Castleton is accessible from Albany, via White Hall, and from Boston and Burlington via Rutland, by Railroads.

E. S. CARR, M. D. Registrar.

Castleton, Vt. May, 1852.

UNIVERSITY OF LOUISVILLE,

MEDICAL DEPARTMENT.

The Lectures in this Department will commence on the first day of November next, and terminate on the last of February.

CHARLES W. SHORT, M. D. Emeritus Professor of Materia Medica and Medical Botany.

BENJAMIN R. PALMER, M. D. Professor of Descriptive and Surgical Anatomy.

LUNSFORD P. YANDELL, M. D. Professor of Physiology and Pathological Anatomy.

SAMUEL D. GROSS, M. D. Professor of the Principles and Practice of Surgery.

HENRY MILLER, M. D. Professor of Obstetric Medicine.

LEWIS ROGERS, M. D. Professor of Materia Medica and Therapeutics.

BENJAMIN SILLIMAN, JR. M. D. Professor of Medical Chemistry and Toxicology.

AUSTIN FLINT, M. D. Professor of the Theory and Practice of Medicine.

T. G. RICHARDSON, M. D. Demonstrator of Anatomy and Dissector in Pathological Anatomy.

The Fee for admittance to the Lectures of each Professor is \$15, payable invariably in advance. Matriculation and Library Fee together, \$5. Graduation Fee, \$25. Practical Anatomy and Dissection, \$10—ticket to be taken at least once before graduation. Rooms open from 1st October.

A preliminary Course of Lectures, free to all students, will be delivered during the month of October.

Clinical instruction is given twice a week at the Louisville Marine Hospital.

Ticket \$5, to be taken once before Graduation.

A Clinicque has also been established in connection with the University, at which operations are performed, and cases prescribed for and lectured upon in presence of the class.

Good Boarding can be procured at from \$2 50 to \$3 a week.

L. P. YANDELL, M. D.

August, 1852.

Dean of the Faculty.

BALTIMORE COLLEGE OF DENTAL SURGERY.

Session 1852-3.

FACULTY.

CHAPIN A. HARRIS, A. M., M. D. Professor of Principles and Practice of Dental Surgery.

THOMAS E. BOND, A. M., M. D. Professor of Special Pathology and Therapeutics.

W. R. HANDY, M. D. Professor of Anatomy and Physiology.

ALFRED A. BLANDY, M. D. Professor of Operative Dentistry.

PHILIP H. AUSTEN, M. D. Professor of Mechanical Dentistry.

REGINALD N. WRIGHT, A. M., M. D. Lecturer on Chemistry.

The Mechanical and Dissecting Rooms will be opened on the last Monday of October. The Infirmary will be open throughout the year.

The regular Course of Lectures begin on the last Monday of November, and continue till the last of March.

Tickets for the Course, \$110; Dissecting Ticket, (optional,) \$10; Matriculation, \$5; Diploma Fee, \$30.

Good Board from \$2 50 to \$3 50.

The Faculty open their next Session in a New College, much larger, handsomer, and better adapted for all the purposes of Dental instruction, and situated in a more central part of the city. Contains two spacious and beautiful Lecture Rooms, an Infirmary, Mechanical and Dissecting Rooms; also a Museum, presenting Teeth of every pathological variety; anatomical preparations, plates, and models, with a large and costly chemical apparatus, thus furnishing the most ample mean for illustrating the several Departments.

W. R. HANDY, Dean.

THE NEW-YORK MEDICAL GAZETTE,

AND

JOURNAL OF HEALTH.

VOL. III. Nos. 23 & 24.

DECEMBER 1, 1852.

\$2 PER ANNUM.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT—SESSION 1852-3.

The Lectures will commence on Monday, October 11th, and terminate in the middle of March ensuing.

Theory and Practice of Medicine, by GEO. E. WOOD, M.D.

Anatomy, by WILLIAM E. HORNER, M.D.

Materia Medica and Pharmacy, by JOSEPH CORSON, M.D.

Chemistry, by ROBERT E. ROGERS, M.D.

Surgery, by WILLIAM GIBSON, M.D.

Obstetrics & Diseases of Women & Children, HUGH L. HODGE, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Clinical instruction at the University twice weekly, and at the Pennsylvania Hospital.

J. CORSON, Dean,

333 Walnut-street.

LECTURES ON DISEASES OF THE CHEST.

The undersigned proposes to continue his Winter Course of

Free Lectures on Diseases of the Lungs and Heart,

On every Tuesday evening, (commencing November 23d,) from 8 to 9 o'clock, at

The College of Physicians and Surgeons, Crosby-street.

Illustrations will be given by numerous

CASTS, DRAWINGS AND MORBID SPECIMENS.

There will be a

CHEST CLINIQUE,

with Pathological Demonstrations, at 3 o'clock, on each succeeding Saturday afternoon, at his

Office, No. 49 East Broadway.

Students, and Members of the Profession, are respectfully invited.

JOHN W. CORSON, M.D.

One of the Physicians of the Brooklyn City Hospital.

TO MEDICAL STUDENTS

And the Profession.

DR. ELLIOTT'S LECTURES ON THE THEORY AND PRACTICE OF OPHTHALMIC MEDICINE AND SURGERY, including the Anatomy, Physiology, and Pathology of the Human Eye, will be resumed during the ensuing winter. Clinical and microscopic demonstrations with dissections of the organ, and magnified drawings from nature, will illustrate the course.

Special attention will be paid to the reciprocal relations and sympathies between the structure of the eye and the vital organs, showing the indispensable necessity of general and constitutional treatment in all forms of Ophthalmic disease.

Circulars, containing full particulars and testimonials, may be obtained by calling on Dr. Elliott, at his office, 408 Broadway, on Mondays, Wednesdays and Fridays, between 10 and 3 o'clock.

LECTURES

ON OPHTHALMIC MEDICINE AND SURGERY.

The subscriber will continue his course of Lectures on the above subjects every Thursday Evening during the Winter, from eight to nine o'clock, at the

New-York Ophthalmic Hospital,

No. 6 STUYVESANT-STREET, NEAR THIRD AVENUE.

The introductory to the course, will be given on Thursday, November 11th, at the o'clock, P. M. at the University Medical College in Fourteenth-street, between Irving Place and Third Avenue. Subject—The Rise and Progress of Ophthalmic Medicine and Institutions in Europe and America.

Students of Medicine and members of the Profession are respectfully invited to attend.

N. B.—The Lectures will be illustrated by a splendid collection of models, also by Dalrymple's and Siebel's magnificent engravings on the Pathology of the eye.

The various operations on the eye will be performed in the presence of the Class.

For further particulars, inquire at the residence of the undersigned, No. 167, East Fourteenth-street.

MARK STEPHENSON, M.D.

Surgeon to the New-York Ophthalmic Hospital.

Receipts not otherwise given.

Drs. Crutenden, Blois, Branch, W. Kelly 2, Darling, Stillwell, H. A. Ramsey, Perry, Porter, Ludlow, K. Parker, Wallace, Wooten, Downes, A. Smith, McChesney, Peake, Ranny, Trowbridge, Williams 3, Ogden 3, Sleight, Henry, Phelps, Wilson, Thompson, Brooks, Webster, James, Rhoades, O'Reilly, Bell.

To Correspondents.

The article sent us entitled "The History and Mystery of the Medical Department of the University of New-York," is unavoidably postponed. It will keep till the January number, and will be in time for the "ides of May."

Dr. P. of the State Society, who proposes a plan for the gratuitous supply of every Clergyman in the State of New-York, with our next volume; and offers to contribute to a fund for this purpose, will find but few of those interested, who would imitate his liberality. He thinks that the wide diffusion of our Journal would "do more to overthrow quackery than any other course which could be pursued," and hence proffers his contributions to that object. Our experience for three years in conducting the Gazette, has convinced us that there is not sufficient esprit du corps in our ranks to sustain any medical press beyond the mere cost of subscription, and, even this, too many forget to pay, at however cheap a rate. Hundreds of physicians in our city and state neither subscribe for, nor read any Medical Periodical; so that Dr. P. will find but few to respond to his generous offer for enlightening the people through the Clergy of the state. He

must depend upon the gradual increase of our circulation, which that feature of which he approves renders constant and certain. Our subscription list already numbers many estimable members, both of the Clerical and Legal Profession, while the people are appreciating and patronizing us, beyond any former period.

The specimens of quackery, in and out of the profession, furnished in every successive number, we have the evidence, are among the most attractive articles in the Journal. We have the materials for enriching this department of our paper, with accumulating and authentic facts, which cannot fail to open the eyes of the public.

Let those who concur with Dr. P. forward the good work by soliciting subscribers for our next volume in their own neighborhoods. By obtaining four subscribers their own copy will be sent gratis; and by remitting pay for five copies, they will have two for themselves. If our subscribers in city and country would thus become agents, all desirable publicity would be attained by the Gazette. Dr. P. will do so,—let others do likewise.

CLOSE OF THE VOLUME.

New Series.

THE New-York Medical Gazette having now completed its THIRD volume, which closes with the present number; and its continuance having become a fixed fact, by the favors of that large portion of the profession whose intellectual independence disdains to patronize those journals which are the mere echo of schools, cliques, and factions; it only remains to announce the changes which have become necessary, to adapt it to the permanent form which it is henceforth to assume.

The January number will commence the NEW SERIES, and will comprise fifty-two octavo pages, including the cover, which will contain advertisements only. Each monthly issue will be stitched and cut, and the quality of the paper, typography, &c., will be equal to that of any journal in the country. It will be mailed to all advance-paying subscribers, without expense, its *postage being prepaid* from the date of the receipt of the subscription for the year.

Terms, TWO DOLLARS per annum if paid in advance, or within the first quarter. An advance of \$1 in the annual subscription will be charged to any who neglect to pay within three months.

Those who mistake by sending \$1 as heretofore, will receive the paper for six months only, unless the subscription is renewed by prepayment.

☞ If all our subscribers will oblige us by *promptly* remitting \$2 for the year through the post office, it may be *at our risk and expense*. But all letters *not* containing remittances must be *postpaid*.

Terms, Agencies, &c., &c., of Vol. IV.

Professional Advertisements will be inserted, as heretofore, on the following terms, viz:

Annual Advertisers.—Payable Quarterly.

Not exceeding one column,	\$25 per annum.
Not exceeding one page,	40 “
Less than half a column,	20 “
Less than 12 lines,	12 “

Advertisements inserted less than a year, will pay as follows: viz. For single insertion, or less than a quarter, on the following terms, viz:

Not exceeding 12 lines,	\$2, single insertion.
Not exceeding half a column,	4, “
Not exceeding a column,	5, “

Each repetition *half* of these prices. Larger or smaller advertisements in proportion. Payment in advance required for all advertisements less than a quarter.

☞ AGENTS are allowed 25 per cent., which they may retain on all remittances sent, either for subscriptions or advertisements.

SEVEN copies will be mailed and prepaid for one year to any one address, on the receipt of TEN DOLLARS; of which terms agents or publishers any where can avail themselves.

* * * Subscription price \$2 per annum, *in advance*, and \$3 per annum, if not paid during the first quarter.

Communications, Books for Review, Advertisements, and Subscriptions, should be addressed to the Editor, No. 775 Broadway, New-York.

Bound Volumes.

A few copies only of the first and second volumes of the New York Medical Gazette, *neatly bound and lettered*, may still be had by remitting THREE DOLLARS; on the receipt of which the books will be mailed at our risk and sent to any part of the country free of expense.

As the *third* volume is now complete, it will be bound to correspond with the former two, and be either sent with them, or separately, as may be ordered, at the same rate as Vol. I and II.

New subscribers, disposed to possess themselves of a complete copy from the beginning, may do so by remitting *five dollars*, which will pay for the *three* bound volumes already out, and also include the advance payment for the fourth volume. We thus propose to furnish new subscribers who pay for the next year in advance with complete copies of Vol. I, II., and III., bound and lettered at \$1 per volume.

It is seldom that so much valuable professional reading, including so great a variety of original and selected articles, can be obtained so cheap. These volumes comprise practical Lectures on important topics by eminent professors, together with reports of cases in private and hospital practice, besides every novelty in either of the departments, of foreign or domestic origin. Criticisms upon all the forms of quackery in or out of the profession, and especially in medical schools, constitute a staple article of every number. In short, it may be justly said that the N. Y. Medical Gazette

condenses every thing new, valuable or racy, which has occurred in our medical world during 1850, '51, and '52, whether transpiring at home or abroad.

Medical Schools in New-York.

We are gratified to report that the College of Physicians and Surgeons of the University of the State of New York, have enrolled as pupils the names of nearly two hundred and fifty students, which is not only the largest class ever matriculated in this school, but is the largest number of *bona fide* students, which have ever attended the lectures in any college in this city, during any former session. It is scarcely necessary to add, that the class nearly doubles the number of *such* students now attending at the University School, after all their *ad captandum* flourishes, clap trap, and G.A.S. Their large building and small class, show such a "beggary account of empty boxes," that it has been suggested by their judicious advisers, that they should forthwith sell out their interest in the property on 14th Street, to the Faculty of the Crosby Street college, who sadly need a larger and better building for the accommodation of their class, their lecture rooms being literally crowded with students. The old building now occupied by the latter would afford ample room for all the present class, or for any future class which the Faculty of the 14th-street school can hope for, until they reform altogether their unprofessional and quackish habits, which on behalf of the fraternity we have had occasion so often to rebuke. Their falling off more than ever this year, has fulfilled our predictions to the letter, for though the prestige of Dr. Mott's name has given them this year their semblance of a class, a majority of their students having been only thus drawn thither; yet another year will prove that even these will take their degree elsewhere, by reason of the odor which attaches to their diploma, and renders it contraband in several of the States; to say nothing of its cheapness with the Army and Naval, and Hospital boards of Examiners, of which we shall say more hereafter.

It is worthy of remark that the College of Physicians and Surgeons has more students this year than at the session of last year; so that they have a larger class without Dr. Mott, than with him. This is a poser to many beside his present colleagues, but the reasons are open and patent among the readers of this Journal. For though we have been foremost in our expressions of respect and admiration for the transcendent surgical abilities of that truly great man; and this while he was under the ban of proscription by his present colleagues, as our readers well know; yet we have deplored the fatal misstep which he has fallen into, by returning to the camp of his enemies, and being ensnared into association with those who had deceived and betrayed him, and now only seek to use him again for their own selfish purposes. His experience should not have been lost upon him, especially as he had found a

dignified post of usefulness among his true and early friends, who appreciated his merits, and sought to do him honor. And he will soon learn that neither honor nor *emolument* await him, by his present association with a "sinking concern."

The New York Medical College, which is the third school in our city, is of so recent origin, this being the third year of its existence, that its friends have been gratified and surprised at the degree of success which attends it, auguring as it does for the future a career of encouraging prosperity. The class has more than doubled since last year, and will probably number nearly one hundred pupils. This will compare favorably with any other of the young schools either in Philadelphia or elsewhere. And without any invidious distinctions or comparisons among its Faculty, we cannot forbear to name Professors Dorémus, Carnochan, and Peaslee, as a trio who, if the Trustees can retain in their service, cannot fail by their abilities and worth, to attract students to the Halls which are favored with such accomplished teachers, as another year will show.

In addition to the regular courses of lectures now in progress in the three colleges of New York, there are systematic lectures and clinics in progress at the several hospitals, beside private teaching by lectures, &c., in various specialties.

Dr. Detmold on Surgery,—Dr. Corson on Chest diseases,—Dr. Stephenson on the diseases of the eye,—Dr. Bulkley on the Skin,—Dr. Kelly on Venereal diseases,—and Dr. Elliott on Ophthalmic Medicine and Surgery. The large number of students in the city seem to be diligently improving all these and kindred opportunities, and we trust that the time is not distant when a brighter day will dawn upon Medical Education in New-York.

Medical Education.

The periodical press in the service of the profession is everywhere dwelling upon this important subject, aiming to elevate the standard of medical teaching, in conformity with the unanimous sentiment expressed in the successive recommendations of the American Medical Association.

Still there is reason to fear that very little has been gained by all the loud sounding notes of Reform, which have been echoing through the land, and for the obvious reason that the Medical Colleges, who have all the power in their own hands, are averse to any interference with this subject which may by possibility be prejudicial to the indulgence of the "*auri sacra fames*," which appears to be with most of these institutions paramount and insatiable. And the signs of the times at present, we are sorry to say, are ominous of still deeper humiliation to all who have laboured to elevate the dignity and character of the profession, by salutary reform.

Witness the late manifesto of the University of Pennsylvania, reluctantly yielding to the pressure of

necessitating circumstances by abbreviating the term of lectures, after having extended it to the six months' course which the voice of the whole profession had seemed to demand. We may not censure this backward march, but we cannot help deploring its necessity. It betokens the triumph of those who have steadfastly contemned the American Medical Association from the first, and resisted any extension of the four months course.

Still more ominous of ill, is the strife for students between rival schools, which has resulted from their indiscreet multiplication. beyond the demand, and beyond the resources of the country in competent professors; whence the profession suffers the double disgrace of miserably unqualified teachers, in some instances, as well as uneducated, and uncivilized pupils. Witness the reduction of fees to the lowest possible mark by several of the colleges, avowedly for the purpose of attracting students away from rival schools, by cheapening medical education, as though they were about to make "every man his own doctor." Even in the University of Buffalo, we find the Faculty driven to this measure, their fees being reduced to \$50 for a full course; while in Chicago and elsewhere they are brought down to *half* this sum. In many rival colleges of the country the all-important subject of fees is made the subject of correspondence and negotiation with the students, by the respective Faculties and their agents, stipulating to charge lower than the lowest, and agreeing rather than lose their names from their catalogues to charge nothing for the tickets and even dispense with the matriculation fee of \$5, which indeed, it is now strongly urged, should be abolished.

All this and much more is notorious, for at this very hour the evidence is before us of infinitely worse bargaining and chaffering for students, by means still more degrading, compromising not merely professional dignity, but every attribute of manhood. But we forbear, and turn away with sickening disgust, and look around in vain for any remedy while such colleges are sustained.

New-York Academy of Medicine.

At the last regular meeting of this body, Dr. F. C. Stewart delivered the Anniversary Oration, which was dispensed with last year, because of the absence of Dr. S. in Europe. It was on the respect due to the profession, and the respect shown by the public, as we learn by the notices in the secular papers, a theme so trite and common place that it must have required all the learning and ability of the orator to give it interest. Absence from the city deprived us of the pleasure of hearing it, but we learn from our reporter that the oration was well received and deserves publication.

Society for the relief of the Widows and Orphans of Medical Men.

The Anniversary Supper of this praise-worthy In-

stitution, took place at the Astor House, on the 18th instant.

The Presiding Officer, Dr. Bliss, was supported on the right by Rev. Dr. Vermilyea, J. W. Gerard, Esq. Dr. Francis, Dr. Stevens, and Dr. Wood, while on his left sat His Honor Mayor Kingsland, Drs. Camp and Gillou, representing the Army and Navy, Dr. Delafield, Dr. Herschel and the Hon. Simeon Draper.

Most of these gentlemen made speeches at the table, as did also Dr. McPhail, of Brooklyn, Dr. Rockwell, Dr. Detmold, the worthy host W. Stetson, Esq. and other gentlemen. Some disappointment was felt at the absence of Rev. Dr. Bond, who had been selected to represent the clerical profession, after so long sustaining an eminent rank as a physician, which enhanced the desire to hear him on this occasion. His sudden indisposition deprived us of a speech which would have been gratifying to all, and his place was supplied by Rev. Dr. Vermilyea, with his usual tact and ability. Mr. Gerard also kindly consented to speak for the Hon. Mr. White, who was detained for the same reason as Dr. Bond.

The supper was in the best style of the far famed Astor, and in all respects passed off to the credit of the stewards, and the satisfaction of the company, numbering nearly two hundred. The receipts of donations to the funds were liberal, though not equal to those of last year. We were unable to learn the exact amount, but it was announced that upwards of twelve thousand dollars were in the Treasury, and that during the year the first beneficiaries had been paid, being the widow and five children of a late member, who on his account and their own, were every way worthy. We omit his name and regret that it has been printed elsewhere, for though not a charity, but a just claim, the sensibilities of survivors may shrink from publicity, and these should be respected in every case.

We embrace the opportunity again to urge the claims of this Society upon all the brethren in the city and vicinity, who as we think should be enrolled on its list of members, by the payment of ten dollars annually to its funds. In this way they will aid the common object of benevolence to which none of us should be indifferent, for we know not whose widow and orphans may hereafter need the benefits of this foundation.

It has been often said that with comparatively rare exceptions, it is the lot of our fraternity to *work hard—live well,—and die poor!* History will record this chronicle of many of us, and all should share while they may in sustaining this provision for survivors whom we may leave behind us.

Dr. Isaac Wood is the Treasurer, and will be happy to receive the names of new members.

Anatomical Drawing.

We have seen a colossal colored drawing, illustrating the Anatomy of the Nervous System, which has been prepared for Professor Alonzo Clark, to be used

before his class in the College of Physicians and Surgeons. It is admirably executed by Mr. James Plunkett, No. 66, West 13th st. New-York, who offers his services in this department of pictorial art, for which his experience in Europe and America has given him great skill. We understand this last effort of his pencil is to be lithographed and published for the use of Lecturers. He deserves encouragement and patronage.

Dr. Tully

Is about to issue an elaborate work on *Materia Medica*, in the cultivation of which he is a veteran. We bespeak for this former eminent teacher of Old Yale, the favor of the profession.

The Medical Examiner.

The last number of this popular periodical comes to us with its usual and ample supply of valuable reading matter, and includes an addition of some fifty-six pages of a single advertisement. We congratulate the publishers, on this evidence of their increasing circulation and patronage.

Medical College of Georgia.

We are gratified to learn from a medical sojourner in Augusta, that the present session of lectures has opened most auspiciously with a larger class than ever before, thus early, and it is supposed will reach nearly 200 students. With its present faculty, the friends of the Institution have every confidence in its permanence and usefulness.

New-York Tribune.

A late number of this sheet contains an extract from the statistics of Surgery at the Emigrants' Hospital, and our comments thereon; but makes no mention of the name of the Surgeon, Professor Carnochan, nor does it condescend to state the source whence it derived the article. We are becoming accustomed to such petty larceny, and only chronicle the fact without any hope of better treatment.

Chrono-Thermalism.

We see an article from a well known source, in some of the newspapers of a certain class, alleging that Marshal Hall, and certain other medical dignitaries of Great Britain are *secretly* adopting this mode of practice, and withholding acknowledgment from Dr. Dixon, for his discoveries! It is also affirmed that certain physicians in New-York are clandestinely playing the same tricks. We had thought of nailing this wholesale falsehood to the counter if it was worth while. But it may suffice to remind the author that it is contrary to the law of Moses to yoke an ox and an ass in the same team. Hall and Dixon! O! Moses.

A Palpable Hint.

The editor of the New-York Daily times is advertising for curiosities, and among them he wants any member of the "three liberal professions, who wears an *old coat*, rather than *go in debt* for a new one." We could introduce him to many such in the medical ranks, whose success in life has resulted from the precise economy of which his hint is significant. But we must "acknowledge the corn" in reference to too many of the juniors, and some of the seniors in our profession who never succeed in acquiring even a competence, unless in the few cases in which they hit upon a matrimonial speculation, and thus pay off their debts.

We have known many of the poorest men among us, without practice or prospects, by reason of obvious defects in their medical and moral training, or deficient brains; who nevertheless prided themselves on their personal appearance, and kept a rich and extensive wardrobe, renewed at the expense of their tailors. While others whose income from business was insufficient to provide for their families any other home than an ordinary boarding house, yet for purposes of ostentation sported an equipage beyond their more successful neighbors, driving a close carriage and pair; sometimes a liveried coachman, in the vain expectation of meeting these accumulated expenses, by seeming to be what they were not. We have never known an instance of success in obtaining either position or practice by such extravagance, but have often observed the downfall of such silly adventurers, whose history has wound up under the auspices of the sheriff, they having been eaten up of debt.

To such, we commend the hint of the Daily Times, for it must be conceded that there are too many in our liberal profession, who doff their old coat, and don a new one, before either is paid for; which is neither politic nor safe. And so of horses, carriages, and other items of expensive living, better far to dispense with these luxuries, until they can be indulged in without debt.

Health Documents.

We have been favored by the General Board of Health of the city of London, with their second Report on Quarantine, and *yellow fever*, presented to both houses of Parliament by command of Her Majesty. It is accompanied by an appendix on *Cholera*. We are gratified that the doctrines of contagion are utterly repudiated, and the evidence is presented in ample detail, which demand the *revision* of the Quarantine system, for which we have been contending since 1819, when our experience in Yellow Fever, was equal to that in Cholera in 1832-'34 and 49; and our published opinions in regard to both diseases are here cited, and our letter to the Committee of the New-York legislature on Quarantine quoted with approval. Truth is mighty.

American Journal of the Medical Sciences.

The last number of this old and established favorite

among periodicals is accompanied by an illuminated catalogue of Blanchard & Lea's publications, and contains an unusual variety of memoirs, cases, reviews, &c. with an extensive summary of novelties in every department of the profession, and medical intelligence both foreign and domestic. We hoped to furnish extracts, but lack the room.

Professor John Bell.

This veteran writer, teacher and practitioner, having returned to Philadelphia, has resumed his pen, and announces a forthcoming work on Mineral Waters, as a companion to his great book on Baths, so universally esteemed as the best authority on that subject.

He invites communications from those who reside near any of the celebrated watering places of the United States, or having experience in their use as prophylactic or curative. Details are desired touching their accessibility, facilities, and accommodations, which those concerned will find their interest to furnish, obliging themselves rather than the author. We predict a critical, elaborate and impartial work, which will have an extensive sale and a wide circulation, from the known reputation and ability of Professor Bell. No man in the country is better qualified to produce such a work. We wish for him and his worthy publishers great success.

New York Hospital.

The Governors of this old institution, have published an appeal for funds, with the view of erecting new buildings on their present location in Broadway, thus enlarging their accommodations for patients, by covering the little remaining space with other Hospital premises, and depriving the inmates of the only sources of air and ventilation afforded by the very slender spaces of open ground which yet remain around their present buildings, insufficient as these are already. They have even advertised for plans of erection, offering premiums for those approved.

Now if we could hope to be heard by this close Corporation, we should remonstrate by reminding these Governors that they have quite enough on their hands already, in Broadway, and Bloomingdale. That their buildings are numerous enough, and large enough already, and that what is needed in this city, is a *new* Hospital, under *other* Governors, chosen by the people, whose medical and surgical appointments shall be free from the imputation of favoritism and nepotism; but open to fair competition, and secured only by merit. All concerned will understand us, and they will take heed, and act accordingly, if they are wise.

The experience of European countries may be cited in proof that the interests of the sick poor, demand not the overgrown hospitals of the past, but new and smaller establishments, having large open grounds around them, where the laws of health can be regarded, and surgical operations especially, be rendered less dangerous and fatal, by a salubrious atmosphere. The public as well as the profession, are awaking to the importance

of increasing the hospital accommodations of this city, and they will no longer be indifferent spectators of the action taken by those who enjoy a monopoly of the power and patronage in this department. We say thus much with high respect for the character and motives of the present Board, but with strong hostility to the system, the long continuance of which, is with us no argument for its perpetuity.

Medical Times.

Our neighbor has forgotten to exchange with us, as the last number has not reached us. A critique has been sent us but our space is too limited to insert it. We have only room to allude to a few of the items selected by our curious correspondent, viz.

1st. Dr. Bachelier's use of the "*pruning shears* used by the English gardeners" for excising fragments of bone in ununited fracture; which he characterises as a "new contribution to the armamentarium of a surgical case" and commends to our friend Tiemann.

2nd. Dr. Bachelier's definition of the objects of Tracheotomy viz. 1st, to let air into the lungs! and 2nd, to get rid of extraneous bodies! which our critic styles "sparkling novelties."

3rd. Dr. Swett reports a case with "symptoms of intense croup," but as he "could detect nothing" in the throat, after "purging, vomiting and leeching," "exploring the larynx!" and finding it "impossible to introduce a sponge! owing to the bobbing about of the larynx, he suspected that it was not croup!" but "considered it congestion of the brain," as the child had suffered a convulsion a week before, and this symptom recurred. During the discussion Dr. Clark pointed out a "source of error in such cases, by mistaking mucus, for false membrane," when looking into the throat, in search for croup. He had corrected himself in this particular by the microscope!

This whole report our correspondent denominates "transcendental nonsense," and adds prodigious!

In an editorial, our colleges are said to be all congratulating themselves! upon the promises for the season, a use of the coin, against which the critic protests.

Among the foreign items is found the following, which our censorious correspondent commends as strikingly apropos to Dr. Bedford and the Northern Lancet, viz.

"What is a *Clinical lecture*?" The editor of the Edinburgh Monthly Journal replies, "Judging from those that are perpetually appearing in print, it is sometimes, a critical medical essay, not necessarily delivered, and very unnecessarily printed!"

The above and a score of similar "nick nacks," for which we cannot find room, are declared by our unknown correspondent as constituting "the cream of the November number of the Medical Times." The insufferable filth of Ricord's last letter, he calls "slop milk," and adds that it ought never to have been translated. "French it is and French let it be," though Ricord is an American, for he has become Frenchified.

American Medical Association.

The Sixth Annual Meeting of this Association, will be held at the city of New-York, on Tuesday, May 3d, 1853.

The Secretaries of all Societies, and other bodies entitled to representation in the Association, are requested to forward to the undersigned, correct lists of their respective delegations, as soon as they may be appointed; and it is desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following is an extract from Art. II, of the Constitution:

"Each local Society shall have the privilege of sending to the Association, one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted Medical College or chartered School of Medicine, shall have the privilege of sending two delegates. The Professional Staff of every chartered or Municipal Hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized Medical Institution, of good standing, shall have the privilege of sending one delegate."

EDWARD L. BEADLE,

One of the Secretaries,

No. 42 Bleecker-st. New-York.

The Medical Press of the United States is respectfully requested to copy the above.

Inconsistencies of Homœopathy.

In our last, we briefly presented a few of the bald assumptions of this so called system upon which common sense writes absurdity, apart from the verdict of science, and experience. We now invite the attention of all men and women, who do their own thinking, to the glaring INCONSISTENCIES in the theory and practice of this impudently proffered substitute for the science of rational medicine.

1. Homœopathy teaches the maxim "*similia similibus curantur*," as the invariable law, of universal application in disease and remedies. And yet, in palpable violation of this their chosen axiom, every one of their books teaches, and all their practitioners apply the antagonistic and irreconcilable doctrine of "*contraria contrariis curantur*," which they falsely allege to be the uniform characteristic of what they denounce under the nick name "Allopathy," or "old school" practice.

Examples. In cases of disease from over eating, Homœopathy properly prescribes abstinence, instead of *eating more*, which consistency with their maxim demands; and so of every other excess. In cases of poisoning, they prescribe antidotes, instead of *increasing the dose*, in this as in all other cases, taking refuge under *contraria*, &c.

2nd. Homœopathy stoutly insists upon infinitesimal

doses of all drugs, and for the reason that their potency is increased in the geometrical ratio of their diminution, so that Hahnemann himself affirms that "*it is impossible the dose can be too small!*"

If they were consistent, they would employ drugs only in their crude state, and would abjure all extracts, concentrations, or chemical preparations in which the medical power of drugs is augmented a thousand fold, as in the case of alkaloids, &c. infinitesimal doses of which, are more active than the drugs from which they are prepared, and this to an extent which defies all arithmetic to compute. And yet, Homœopathists every where employ morphine, instead of opium, and so of all the most virulent narcotics, and most violent agents of the *Materia Medica*. It is true they can thus seem to adhere to infinitesimal doses, for none other can be given by any body without destroying life; and they thus impose upon their ignorant patients the belief, that the potency of these concentrations is due to Homœopathy, and increased by diminution, when they are indebted to Chemistry for these weapons of deception; and when the effects produced upon their patients prove that they employ these agents in their regular and established dose, as directed in every Pharmacopœia, and posological table found in the standard authors of rational medicine.

3rd. Homœopathy rejects all the scholastic lights of ancient and modern science, which is denounced by their great progenitor Hahnemann, as "the learned lumber of the schools which has been accumulating for 2000 years," and scouted as worthless.

And yet, finding that some pretensions to learning are necessary to gain confidence among the intelligent; they get up a Medical College of their own, and profess to indoctrinate pupils into all the anatomy, physiology, pathology, surgery, obstetrics and chemistry, taught in regular medical schools, and claiming to differ with them only in Therapeutics and *Materia Medica*. And this, although each of the sciences they profess to teach is inconsistent with, and utterly explodes their whole fabric whether of speculation or practice.

4th. Homœopathists are divided into sects already, utterly inconsistent with each other. Their earliest differences between the high and low dilutionists, are radical and irreconcilable, each repudiating the practice of the other, and each claiming to be exclusively the disciples of Hahnemann, whose writings sustain both, being throughout discordant, and antagonistic, his later works being wholly inconsistent with his earlier productions.

5th. A large sect of Homœopathists openly profess to run an *accommodation line*, "becoming all things to all men." Hence they consult their patients whether they shall treat them Allopathically or Homœopathically, professing to understand both systems, and themselves indifferent as to which mode of cure shall be adopted. These knaves are either ignorant of both systems, or they are demonstrably reckless of all else be-

side their fees, or perhaps both may be justly predicated of such, but their inconsistency is criminally palpable.

6th. Honesty and candor demands of Homœopaths, that they should openly avow their sect, and "show their colors," by announcing themselves upon their signs and cards, as engaged in Homœopathic practice. But instead of this they call themselves Doctor A. or Doctor B. without any designation by which the public may contradiistinguish them, even when they wish to avoid them. In this way they are public deceivers, and find their way into the families of strangers especially, or are summoned on emergencies to patients, who would not voluntarily allow their approach. They thus gain their fees before the fraud is discovered, and their object being thus gained, very patiently take their abrupt dismissal and pocket the insult. That they are occasionally kicked and cuffed by indignant parties, whose keen sense of injury leads to resentment of their impositions, as several have been recently in this city, seems not to disturb their equanimity any more than if they were used to it.

Another chapter on the tricks of Homœopaths, is forthcoming.

From the Transactions of the College of Physicians, Philadelphia.

Insanity.

Dr. BELL stated that, in a newspaper published at Cincinnati, he had seen an account of an individual being sent recently to the insane department of the Commercial Hospital, of that city, under the authority of a certificate from two magistrates and a physician, who, two days subsequently, was discharged from the institution in consequence of no symptoms being detected in him indicative of mental derangement. Such an occurrence is sufficiently mortifying to our professional pride, if we have any left, even were it a solitary instance, and not a repetition of the same error committed on other occasions. During the past winter Dr. Bell saw a young man committed to the same institution as insane, in whom, upon the most careful examination, and after repeated conversations, he was unable to detect the slightest indication of insanity. He was a man, it appeared, of strong passions, and having threatened his brother with violence, should he come in his way, he was sent, at the instance of the latter, to the hospital, to secure him from his threats.

There is much and deplorable ignorance upon the subject of insanity, its nature and manifestations, as well as in respect to its proper management, not only among those out of the profession, but among physicians also. The disease is but superficially studied by the majority of practitioners, while to those who are about to enter into the profession, few opportunities are afforded to enable them to become familiar with its characteristics, in the several forms in which it presents itself—its pathology and treatment.

Unfortunately, the shortness of the sessions in our medical schools renders it impossible for the profession

to present this, and other subjects, in anything like requisite fulness and detail, if at all.

After some observations from other members of the College, Dr. BELL remarked that he had introduced the subject of insanity in reference to its connection with medical jurisprudence, which is so deplorably neglected, in medical education. The consequences are, that the community suffers in a variety of ways, and the ends of justice are often defeated; while the profession suffers in its reputation, owing to the discordant, and for the most part hasty and immature, opinions of its members on medico-legal subjects, before the courts and other tribunals.

In proof of the neglect of suitable inquiries into a detection of the cause of death from violence, whether, with suicidal or homicidal intention, or the result of accident, Dr. Bell related a case which came under his own observation. A man of intemperate habits, a boot-black in a large hotel, was found, early in the morning, senseless, just outside the door of the basement. He expired in less than an hour after being thus found and brought into the house. A coroner's jury met on the occasion, and Dr. Bell, who lodged in the hotel, was required to give his opinion of the causes of the man's death. It was easy to feel, even through a thick crop of hair, that the skull was fractured; but Dr. B., of course, told the coroner that it would be necessary to make a regular anatomical examination before a decided opinion could be expressed as to the nature, and extent, and probable cause of the wounds which the man had received. To this the coroner replied that an examination of the kind must be dispensed with, that the party making it would not be paid for his labor, and that Dr. B. could give his testimony after groping and feeling the head of the deceased. In fact, this was all the examination that was made, and all that the enlightened jury had to aid it in forming a verdict.

Dr. Bell suggested, in view of the neglect of medical jurisprudence in our medical schools, that a short course of lectures, embracing the main principles and prominent facts, be delivered before the College and other similar societies, by one of their members, respectively. He disclaimed, for himself, any desire to perform this task, which his own engrossing engagements would prevent his undertaking.

Dr. EVANS remarked that the subject of insanity was one of particular interest to the public. From the ignorance that prevails in relation to it many difficulties occur, involving, not unfrequently, the dearest interests of individuals, and the peace and happiness of families; and, at the same time, presenting often a serious obstacle to the physician in the performance of his duties towards the insane and those most interested in their welfare. It is important, therefore, that means should be devised adapted to enlighten the public mind in relation to the subject. The manner in which inquests of lunacy are now conducted in this State renders them a perfect farce. The individuals who compose them

make up their verdict, too generally, not from the testimony given before them by competent medical witnesses, but from their own prepossessions or the misstatements of ignorant and interested persons. Could the same plan be introduced here that is pursued in France, the possibility of an erroneous decision, in questions of lunacy, would, in a great measure, be removed. There the question is submitted to three competent medical men, who have sufficient time allowed them to make up their judgment, which may be rendered at the termination of one, two, or three months, according as they are enabled to arrive at it more or less early.

In many cases it is impossible for any one to decide as to the sanity or insanity of an individual from a single examination, and, in some cases, from repeated examinations. Nor, in cases of doubtful insanity, is any one competent to arrive at a safe conclusion, unless he has made the subject of insanity his special study and has thus become conversant with the many phases under which it may present itself. The insane exhibit frequently the utmost ingenuity in evading any manifestation of their mental aberration, especially when they suspect that, if their true condition is detected, their liberty will be in any way abridged. A stranger will, in consequence, be often led to pronounce an individual perfectly sane, who is, in fact, the proper subject for an asylum.

Dr. Evans stated that he had at one time under his care a female patient who evinced insanity only in the presence of her brothers and himself: if any other person was present, no indication of the deranged state of her mind could be detected. On the other hand, the disturbance of intellect, observed in the early stage of an ordinary case of inflammation of the brain, has been mistaken for insanity, and the recovery of the patient jeopardized by his removal, many miles, perhaps, to an insane asylum, when his safety required that he should have been kept quietly in his own chamber.

Dr. C. Morris expressed his conviction of the great importance of the study of insanity; a disease which is always increasing in the direct ratio of the increase of population, and the difficulty of procuring a livelihood resulting from competition of numbers, and the artificial circumstances by which men surround themselves. It is a disease which it is not only difficult to define, but often to determine. The extreme cunning of insane patients in concealing the deranged condition of their mind in the presence of those whom they wish to mislead, is often surprising, and is very apt to deceive those who are not familiar with the characteristics of the varying forms of mental disease. When Dr. Morris was one of the resident physicians of the Pennsylvania Hospital, a patient in the insane department induced an attorney to procure an inquest in his case. The jury met, and after what they presumed to be a cautious examination of the patient, were upon the point of pronouncing him sane, when Dr. Morris, who up to this period had refrained from the slightest interference

with the proceedings, simply inquired of the patient how long he had ceased to be "the Saviour of Mankind," when the fact of his insanity was rendered evident to all present. On another occasion, a patient was discharged from the institution, being pronounced, after a legal investigation, to be unaffected with insanity. Shortly afterwards, this very individual was found riding on a horse, without saddle or bridle, in a state of nudity, and exhibiting other unquestionable symptoms of insanity.

But the difficulty is sometimes equally great from the fluctuating character of the disease itself. Dr. Morris has a patient who for years has been subject to paroxysmal insanity. It not only varies from week to week, but very often so suddenly, and apparently without exciting cause from without, that he has known her to spend the evening in the family circle in the full enjoyment of social intercourse, return to rest apparently perfectly well, and awake in the morning in a state of violent, excited mania. When the mind is least disturbed, she is subject to hysteriform convulsions.

The treatment of insanity must be conducted on general principles. Nothing could be more absurd or pernicious than the idea of subjecting every case of mental derangement to bleeding, except the entire denunciation of that most useful agency. Dr. M. has a patient subject to occasional attacks of the disease, which are only manifested by the recurrence of a peculiar train of ideas and consequent actions, who is always relieved, cured for the time being, by cupping or bleeding. The amount of blood taken at some attacks has been very large. Insanity was connected with, if not dependent upon, deviations from bodily health of various kinds, and affecting very different organs. Iron, tonics, opium, and other narcotics might, any one or all, be required, according to the state of the patient's general health. There was too much disposition to generalize about the disease and its treatment. Dr. M. took the opportunity to enter his protest against one idea which was too generally received by the profession, and derived from the reports of public institutions, viz: that it was necessary to remove the insane to public institutions in the very early stages of the disease. He believed the disease was often aggravated and confirmed by such a course. When proper treatment could be instituted at home, or in private, he believed it was wrong to inflict an irreparable wound on the feelings of the patient and friends, by the exposure inseparable from a residence in a public hospital. When it was desirable to make a change of scene, it could often be done without resort to a public institution.

From the Boston Medical and Surgical Journal.

Diabetes Mellitus.

Philadelphia, June 10th, 1852.

My Dear Sir,— * * * * * The formation of saccharine matter is one of the functions of the liver. This discovery of M. Charles Bernard, must be accepted as a finality, to use a current phrase, in physio-

logical science. It has been confirmed in the laboratory of Giessen, and by other chemists. It has been found in the livers of carnivorous and granivorous animals—in the livers of animals fed on animal food exclusively—in the reptalia as well as the mammalia and birds. The liver is the only organ in which sugar can be detected in health. It may be cut into slices and washed, so as to be freed from blood, yet will continue to yield the evidences of the presence of sugar. The saccharine matter, nearly identical with glucose, or diabetic sugar, must consequently exist in liver structure—must be a product of liver cell action, and included in liver cells.

If this inference be correct, and I do not perceive how it can be refuted, provided the facts are as reported, by what process does the saccharine matter find its way into the blood? This mystery has not been explained. In health, the portal blood entering the liver contains no saccharine substance—it is always found in the blood of the hepatic veins, as it issues from the liver, and in the blood taken from the right cavities of the heart. The blood taken from the left cavities of the heart and the vessels of the general circulation, yields no evidence of glucose or saccharine matter. Thus the sugar formed in the liver disappears in the lungs; it is decomposed in the pulmonary circulation. Glucose, or diabetic sugar, is decomposed promptly in the presence of oxygen, alkaline substances, nitrogenous bodies and water. These are present in the lungs, and in health the saccharine matter, a product of the action of the liver, is chemically destroyed by the respiratory process. It is most probably first converted into lactic acid, which under the above-stated conditions is instantly broken up, its carbon becoming oxydized and converted into carbonic acid, its hydrogen combining with oxygen forms vapor of water, both of which products are eliminated in expiration, while the heat evolved serves to maintain the blood at its normal temperature 98° to 100°. The functions of the liver and the lungs are seen, in this respect, to be antagonistic. What the one produces, is immediately destroyed by the other. The glucose of the liver is thus prevented from entering into the circulation and being diffused throughout the economy.

What, it may be asked, can be the intention of this singular provision? The following appears to me the most probable solution of the phenomenon. Heat and oxygen are the most indispensable conditions of life and health. Nature has taken corresponding precautions to renew a constant supply of an agent of so much importance as heat. From six to seven parts of eight of our aliment, are destroyed for the production of heat. They are the hydro-carbons, or calorific elements of food. They are incapable of serving for nutrition or the production of organized structure. They are intended to undergo oxydation or combustion, for the purpose of keeping up the temperature of the body. Fat is not an organized tissue; it is not properly an organic portion of the economy. It is the surplus hydro-carbon of the food, stored up as fuel to be employed

for the production of heat when the exterior supplies are cut off.

Now it is a common, almost constant occurrence, that, either from disorders of the digestive organs, or other causes, the blood receives no supplies of hydro-carbons from the food, and that the store of fat is being rapidly consumed and exhausted. In this emergency, the economy has provided a resource within itself, by which it obtains these important elements and can maintain the indispensable conditions for its existence, a temperature of 98° F. This resource is the function of the liver, by which it manufactures glucose, a substance rich in carbon and hydrogen, as is shown by its formulary— $C_6H_{12}O_6$. Almost the same instant that glucose leaves the liver, from the rapidity of the circulation, it is thrown into the lungs, and is there burnt up, producing carbonic acid and water, both eliminated with evolution of caloric, which is absorbed by the blood and diffused throughout the organism. Corroborative of the above facts and views, it has been ascertained by Regnase and others, that in various affections which injure more or less the lungs and their functions, as emphysema, phthisis, bronchitis, pneumonia, there is a corresponding proportion of glucose found to exist in the urine.

From the preceding facts, the pathology of diabetes mellitus would appear to rest on the resolution of this problem—What are the circumstances that impede the healthy action of the lungs, from decomposing the glucose manufactured in the liver and introduced into the lungs from that organ? Walshe (W. H.?) asserts it is the deficiency or absence of the alkalinity of the blood. On this hypothesis is founded the treatment of the disease by alkalies. Regnase and others contend that the disease depends on some defect in the respiratory functions, generally connected with pulmonary affections.

M. Charles Bernard has further ascertained that by wounding or pinching the medulla oblongata in the floor of the fourth ventricle, just above the calamus scriptorius, glucose in a short space of time is to be detected in the urine—diabetes mellitus is in fact artificially generated. M. Bernard attributes this result to a direct nervous action on the liver, augmenting its production of saccharine matters. M. Regnase, with greater probability, assigns it to a diminished activity of the respiratory action of the lungs. It is well known that the activity and energy of respiration are directly dependent on the medulla oblongata—a fact which imparts more confidence to the last view. * * * *

Very respectfully yours, &c.

SAMUEL JACKSON.

Dr. W. Owen Brown.

Medical Lectures in Philadelphia.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As your valuable Journal has contributed much to the diffusion of medical science and all

that is connected with the medical art, I have thought a few scraps from this emporium of our western world for advancing this art, might not be unacceptable. Here are no less than seven regularly-chartered Medical Colleges, four of the good old practice, (or five, if the female college is of the old stamp,) one Homœopathic, and one called eclectic. Of these numerous Æsculapian halls, the *Jefferson* stands first in point of pupils, numbering some six hundred for the regular class; and the *University* next, having about four hundred. Then comes the *Pennsylvania*, and last (I mean in numbers only) the *Philadelphia*. Just think of fifteen hundred medical pupils assembled in one city from all parts of the United States, when we in our good old "Athens" of Boston collect only between one and two hundred. Bostonians will never attribute this vast difference to any lack of capacity or advantages for communicating instruction in that city, and indeed, they ought not, for there are certainly privileges in Boston not inferior in any respect to those in Philadelphia. The question then arises—what brings so many more pupils here than to Boston? And there are many reasons. It is a more central location from the South and West, from which many medical pupils here come, and in point of hospital practice this place possesses greater advantages than Boston, as the hospitals are more numerous. Candor, also, obliges me to say that some of the lecturers here are superior to any I have heard elsewhere. No lecturer I have ever heard surpasses Dr. Mütter, of the Jefferson College. His appearance is fine—tall, sharp and piercing eye; elocutionary powers good, (an item wanting in a larger proportion of medical lecturers than among either lawyers or clergymen,) and perfectly at home in the lecture-room; and what is more than all the rest, he will command the attention of the class. To-day I have attended his clinique, at which he showed us a man with a fungous tumor, upon which he will operate when he has prepared the patient by diet and purgatives. He also exhibited specimens of the same kind of tumor upon plates, where they had been allowed, as we say, to *run to seed*. He told us the danger of parleying with this class of tumors.

He also *sounded* a child for stone in the bladder. He operated upon another child for phimoses, and told the origin of the term, viz: that on a certain occasion Moses got into trouble and went to his brother Aaron, who upon hearing his story, raised his hands in astonishment and exclaimed, "*phy—Moses!*" With all deference to the greatness of the man, however, I may be allowed to say of his Hebraism, "*sed dubito*." It, however, made a good story, as he told it. He also operated upon a little girl for wry neck, by cutting both the attachments of the muscle, and then applying an instrument of his own construction, or rather, invention, to prop the head up. The incision was sub-cutaneous, except of course the introduction of a very small scalpel through the skin. He informed the class that he divided this muscle *low down* to avoid the bloodves-

sels connected with it. Dr. M. may not excel many others, as an *operator*, but it is apprehended few can equal him in explaining the operation to a class, and, as it were *compelling* them to understand it. It is no marvel that this College flourishes with such a man in it.

Dr. Mitchell's Clinique.—Dr. M. is also in the Jefferson College, and his was the *medical* clinic. He is a man who makes a fine appearance, and would make a *finer* one, if he did not seem to be aware *how well* he really does appear. However, though he has that degree of confidence which generally inspires a man with the firm belief that *he* can do a thing as well as others, (thus giving self-complacency,) yet in *his* case confidence does not seem to have received that precise number of multiplications which amount to impudence. I love to see a man at home in his profession. The first patient presented seemed to be an Irish woman, by name Mary O'Brien. "Mary, how old are you?" "Forty, sir." "What is the matter, Mary?" "Ah! a dreadful pain in my stomach, sir [at the same time placing her hand over the left iliac fossa to show the doctor the place of the pain in the stomach.] The diagnosis was, tympanitis, or flatus of large intestine. Prescription—*R.* Blue mass, grs. ij.; pulv. opii, gr. j. *M. Ft. pil., s. hora nocte.*

Next came James Sullivan. "You see his skin, gentlemen," says the Professor; "it is pale, dirty, dingy, wrinkled. Two kinds of disease produce this appearance of the skin—intermittent fever and chronic diarrhoea. I know nothing of this man's case—but though these two diseases give the skin a similar appearance, yet a practical eye can distinguish the one from the other. What is the matter, James?" "The *chills* and the *aches*, doctor." "How long have you had them?" "In the western country first, and then in this." Prescription—*R.* Quinia, grs. xij., to be taken at once; then a warm salt-water bath three times a week; afterwards small doses of rhubarb, calomel or blue mass, (the latter said to be the mildest preparation of mercury,) gently to move the bowels.

Next, a female, aged 42 years, with cough and disease of mucous follicles, was presented. The seat of her disease was diagnosed to be in the stomach, and the doctor prescribed an alternative treatment as follows. *R.* Aloes, gr. j.; rhei, grs. iij.; tart. emet., gr. 1-16; calomel, gr. 1-8. *M. Ft. pil.* Take each night. This he said had been christened Dr. Mitchell's pills *par excellence*. With this he had found no fault, as he made no secret of it.

A little boy with tinea capitis came next. Prescription—affusion twice or thrice a day with cold water, and no other treatment. An exceedingly emaciated child was then presented, which had suffered long with the summer complaint. A desert spoonful of cod-liver oil three times a day, and a warm salt-water bath at night, made up its treatment. For a woman whose right lung was diseased, the Professor prescribed cod-

liver oil three table-spoonsful a day, after having put half a dozen *sardines* into the bottle to remove all the nauseous or unpleasant taste—quite a desideratum. Dr. M. is the most *ready*, off-hand prescriber I have ever seen.

Professor Pancoast presented a lady upon whom he had operated a week before for carcinoma of the mamma. The whole gland was removed. She appeared to be doing well. Dr. P. looks like an efficient, healthy, go-a-head man—as though his professional services had not worn down his constitution.

To-day attended Dr. Carson's lecture at the University, which was on *soap*. The doctor reminded me of the saying of one of the cotemporaries of Dean Swift, that the "Dean could polish a broom-stick;" and Dr. C. certainly *polished* soap. He informed us that the red color in Castile soap is owing to *iron*; that when we find the term *sapo* used in our pharmacopœias, it always means Castile soap, while other soap is always characterized by the term *sapo vulgaris*. Soap is a good *emetic*, and should always be resorted to when poison, like sulphate of copper, or corrosive sublimate, has been taken, and when albumen is not at hand.

I also attended the lecture of Dr. Wood, one of the authors of the United States Dispensatory. It was on cutaneous diseases, especially those of a *pustular* character, of which he exhibited many excellent specimens. The lecture was confined to lichen, impetigo, and acne. He represented the latter as a *safety-valve* to the system, usually occurring at that age when the growth of the body ceases and there is a surplus of nutrition, and which, if not thrown out upon the surface of the skin, might result in hemorrhage from the nose or lungs, or in the development of phthisis.

Dr. W. is a very correct lecturer, and while there is no effort at display, no rhetorical flourishes, there are great precision and purity of diction. It is pleasant to find a man, like him, possessed of ample means, and verging to the decline of life, devoting himself most assiduously to the good of his fellow men and to the advancement of medical science.

I also attended Dr. Gerhard's clinic and operation at the Pennsylvania Hospital. This Hospital was founded by William Penn, whose statue stands in front of the edifice. Prof. G. examined a young man with an aneurismal tumor. He advised him to live temperately and to take no stimulents. With *proper care*, he informed the class that this young man would live as long with this aneurism as *without* it. He prescribed small doses of digitalis occasionally, and no other medicine.

Mr. Norris, surgeon, came next, and amputated the fore-arm of a man injured in the Mint. The operation was *well done*; but the Professor speaks in a voice quite too low to be heard by those whom he addresses.

Oct. 8th.—Attended five of the preliminary lectures at different colleges. These lectures are neither of the *regular* courses, nor *introductory* to them, but

given for the purpose of the professors' showing themselves to the students, who are now pouring into the city by hundreds. In the language of one of the professors, they are given to get as many students as possible, upon the principle that "*dog cuts dog*." There is verily a *rivalship* in this matter, and the arrival of fifteen hundred students in the city seems to make a very general sensation. Boarding houses calculate upon a harvest—clergymen preach special lectures for the students—and the professors, in the various colleges, put on their best bow, and display hecatombs of bones and hosts of mummified preparations.

The first lecture attended to-day was by Dr. Allen, the new Professor of Anatomy in the Pennsylvania College. It was on the anatomy of the ear, and was illustrated with a large model and plates to match. Dr. A. is an exceedingly *exact* anatomist and an excellent lecturer. He was a Massachusetts man.

The second lecture was that of Prof. Smith, of the same College, on the physiology of the ear. I have rarely, if ever, heard a finer lecture, either for elegance of language, elocution, or correct and useful exhibition of the *functions* of the various parts of the auditory apparatus. These are both young men, and under such professors the Pennsylvania College must flourish.

The next lecture was by Prof. Vandyke, of the Philadelphia College of Medicine. His subject was *quarkery*—and he found it in every thing, among all professions and classes of men. He remarked that it was generally called by a milder name among others, than it was in the medical world. It usually went by the name of *humburgery*.

Prof. McClintock, of the same college, gave the next lecture of the day, upon the blood, and other fluids of the body. He is a plain, out-speaking man, saying just what he pleases without fear or favor. The lecture was characterized by good sense and correctness, and showed that the doctor knew where his strength lay.

In the afternoon, I heard two of the Professors at the Old University College. The first was Dr. Pancoast, whose lecture was on the circulatory system. It was about what all our school-boys in Massachusetts can tell, who have studied physiology in the public schools—the clear and common description of the circulation. Dr. P. appears well, but the lecture was not distinguished for that correctness and precision of language which was characteristic of some of the other lectures.

Then came Prof. Mütter upon the treatment of syphilis. Perhaps I may say he has not his superior as a lecturer, in this or any other city in America. He took up the first manifestations of the disease in its four forms of chancre.

First, the simple or common follicular chancre, consisting only of a white spot with a slight redness around it. Cauterization was the treatment recommended for this kind of chancre, and no constitutional pre-

scription, that is, when taken early. But when it had progressed longer than five or six days, or when there was much inflammation, or if the constitution was irritable, cauterization must not be relied upon; if very irritable, not made at all. If medicine was demanded, it should be mercurial, and continued only till a slight impression was made upon the gums. Salivation was unnecessary. Half a grain of the proto-iodide of mercury night and morning, was the dose.

Second, furuncular chancre, characterized by an abscess, which should be opened immediately with the lancet and the water discharged—then apply warm poultices, poppy fomentations, slippery elm, &c.

Third, Hunterian chancre—commences with a pimple, which heals up, leaving the centre ulcerous, and a circular, deep and excavated scab, having the base and edges as hard as cartilage. Mercury the remedy; if pale a meat diet; and if plethoric and full, bleed. Continue the mercury till the ulcer shows some improvement; if the gums become affected, stop, and in a few days begin again. Apply aromatic wine for a local wash; change, if necessary, to the black wash. Put him upon the alternative plan, corrosive sublimate 1-16th of a grain three times a day.

Fourth, the phagedenic chancre. 1st, the black chancre; 2d, the white. Mercury will do no good. Strong nitric acid should be applied upon lint. If feeble, give tonics, beef, &c. Apply a carrot poultice; local bleeding if necessary; use mercurial fumigation where the mercury will not take hold of the system.

Lastly—attended two of the introductory lectures at the Homœopathic College. I did not learn the name of the gentleman who gave the first, and, indeed, it was just as well, as the lecture was an *infinitesimal* in every sense of the word.

The second was by Prof. Loomis, and was a well-written and well-spoken essay upon Homœopathic medical science and practice. The college is a fine building, and the museum good.

From the New Jersey Medical Reporter.

HINTS ON PHYSICAL EDUCATION.

BY JAMES H. STUART, M. D.

No. 3.

In view of all the considerations before alluded to, I would propose an addition to the ordinary rules of Physical Education. Not to speak of Dumb bells, Gymnasia, Riding Schools, &c., because they have all been sufficiently amplified in the numerous treatises extant upon the subject, and because common sense teaches their propriety when circumstances warrant their use. But we make the bold proposal, that every, or nearly every child, above six years of age, shall, after a little preliminary hardening, be permitted and enjoined to sleep in a room with the windows open, and this both in summer and winter; be the weather clear or rainy, cold or warm, damp or dry, windy or calm, or even hail-

ing or snowing. This is certainly, at first sight, rather a startling proposition; but it has borne the test of experience, and will, we think, bear that of philosophical investigation. Let us examine the matter a little. The composition of the atmosphere is now pretty well understood, as also the changes undergone by it after having been used some time for breathing. In accordance with this knowledge, physicians are in the habit of recommending, though not of sufficiently insisting upon, the necessity for "fresh air." In many varieties of fever they are anxious to have it circulating freely through the apartment of the patient during the *day-time*. Bed curtains are reprehended, and wisely too; though, if nothing more is done for ventilation, the evil hour is merely postponed, not prevented. But at night, when care should chiefly be observed, then, even physicians themselves, and their families, close their windows tightly, and creep into bed as if no danger whatever to their health existed; fortunate, if indeed they have no roaring fire glowing on their hearth.

At best, the majority merely draw down the casement a few inches from the top. Now this last is not sufficient. Carbonic acid is a heavy gas, and though, by the law of diffusion of gases, it will mingle *equally* with atmospheric air, it will not all rise against gravity to escape by that aperture. The chimney, key-holes, &c. are manifestly insufficient for ventilation. For, is it not evident to any one blessed with olfactories, on entering an ordinary sleeping room in the morning, more especially if he have previously snuffed the fresh out-door breeze, that much foreign substance is mingled with the air of that chamber? The odor is sometimes really sickening, and that even when the occupant may have been gone and the door open for perhaps an hour!

No wonder people rise so often heavy and dull, as if from the effect of an opiate! They have been inhaling a narcotic gas the whole night, and should feel grateful to Providence that they are spared to see the dawn. How many inquests are annually held in our cities upon the bodies of persons "found dead" in bed? And how many verdicts of "Apoplexy," "Visitations of God," &c. are carelessly rendered, which should read "ignorant felo de se from the respiration of impure air!" But, because no pan of charcoal appears in the room, the idea of noxious gases never occurs to the sapient jury. Some may laugh at all this, and say triumphantly, that they have slept with their windows closed during their whole lives, and were never injured by it. To this we answer, a poison is not the less sure because slow; and that, while the objectors are now perhaps tolerably healthy, they owe it "more to good luck than good management," "post hoc, non propter hoc," and would probably have been much more hardy and vigorous by pursuing proper means. Nervous, complaining hypochondriacs, are not found among men who sleep with open windows. The reason is obvious.

There are, however, men of such iron constitutions, that nothing apparently can injure them. An aged relative of our own—now dead—who in his youth would wrap himself in a blanket, and lie calmly down to rest in the lee of a snow-drift, would undoubtedly have ridiculed the idea that sleeping with closed windows was injurious to any one. Yet undoubtedly the nervous symptoms which marked his own age beyond four-score, were in a great measure due to that very thing. It is evident to every intelligent being, that man cannot live in an impure and vitiated atmosphere.

But some one may say, "If you open your window you subject yourself to the damp night air, and mayhap to poisonous miasmata mingled with it." Most true, if it is damp, and if the miasmata are there. And in that case, pray, what does *he* breathe who shuts himself up close, but the very *same* air with all its impurities, and the additional ones generated by himself? He but makes matters worse. For if the air of the chamber is not identical with that outside, whence is it derived? The key-holes, through which it enters, are not sufficiently capillary to deprive the air of its moisture, and we are not aware that carbonic acid gas possesses the power of neutralizing marsh malaria. But some may say, "when sleeping, the vital powers are low—ill calculated to resist the miasmatic influence." And, we ask, are they not lower when to sleep is conjoined the depressing influence of a foul atmosphere? Here we boldly appeal to experience, (our own and that of others,) and assert that those of our acquaintances who pursue this plan are *not* more subject to intermittent, than those who do not, or than they were themselves before commencing it. "*Haud inexpertus loquor.*" Perhaps, however, some kind-hearted personage may inquire "Would it not answer the purpose to leave the chamber door open?" We answer, not fully; for the house being shut up, we should merely extend the range of air to be breathed in a certain period, and have the rest of the family to assist in the operation. To see that this plan is not good, we have only to reflect on the musty odor of an empty room when closed for some time. This is evidently caused by the stale air from other parts of the house getting in, and not being removed when the building generally is ventilated. Beside, what would one do in Hotels, Colleges, &c. But it may be said; "you will perhaps serve the children as the fool did his horse; which, when it had just learned to live on a straw a day, died. You will *kill* them in the hardening." No danger whatever. Begin, after a little preliminary training, in early summer; carry it through the fall, and before winter they will be thoroughly seasoned. They should, of course, be warmly covered; and for the first year or two, might on occasions of severe storms, or remarkable cold, be shut up till they were over.

What a luxury it is, when snugly ensconced beneath the warm coverings, to feel the cold winter's wind sweeping over one's face and biting his nose, and to

breathe deeply of the sharp, stinging, bracing air! Even when the snow is dashing about, and curling through the room in little eddies, finally to subside in small drifts upon the floor, one can, when the bed is beyond its range, survey it with the most philosophical composure and then drop gradually and comfortably to sleep. Our own first experiment was made under very unfavorable circumstances. During the preceding summer at College we had been blessed with an obstinate chum, who positively refused to allow either the door or window to be open at night. Consequently, we sweltered through the season and found our health poor in the fall. During the winter, thanks to a strong minded and sensible uncle, we commenced sleeping in a small room with the window immediately beside our bed, and the sash raised. It snowed the first night, and deposited about an inch on the floor beside the bed; indeed some of it was sprinkled on the quilt. Next morning we had a "bad cold," which lasted some time. But "*Perseverentia vincit omnia*,"—and *did* conquer the catarrh. We have never had a cough since,—about seven years now,—save one winter while attending lectures, from the introduction of a stove into the bed-room. By continuing this system and extending it, we are equally proof against water, wet feet, &c. True, there are some exceptional cases, when this course is inadmissible. But the rule is that a child who began his training while young would, when a man, need no further hardening to enter the woods and "camp out" on hemlock boughs, as fearlessly as any hunter of the wild.

Another thing we would insist on in the education of children, is daily cold bathing. At the beginning the water should be, of course, quite warm, but gradually lowered in temperature, until, at length, the child could bear it cold as it is usually found in our hydrants. This bathing should be regularly enforced every morning—in the coldest weather of winter, as well as in the heat of summer. It will at first be urgently resisted, and a tender hearted mother might be induced by the cries of her apparently suffering offspring to swerve from her duty and finally neglect it almost entirely. But, even when it suffers most under the infliction, it will feel delighted immediately after, and be brighter and happier all day. If, however, reaction does not occur, it will be an indication that the cooling of the water has been too sudden, this should henceforth proceed more gradually. Habit will soon render even the cold dash pleasant, and that which was feared as an evil, will be eagerly sought as a joy.*

It is unnecessary to enlarge on the advantages and

* To prove that we speak as "having authority," let us instance the child of our friend, Lieut. D. S. McDougal, U. S. N., who became passionately fond of his bath, seeming to feel perfectly happy when splashing the cold water over him. And never was a stouter healthier child born. Even during the paroxysms of pain from the acute disease which terminated his life, he would clap his hands and appear delighted at the sight of his bathing tub. And his case is but "e pluribus unum."

physiological effects of cold bathing. They are well known, and parents need but little urging from an *authoritative source* to make use of them.

But Physical Education should not cease when a young person, emancipated from parental control, assumes the care of himself, and enters upon life. No. Far from it, for then new temptations to injure the body and ruin the mind present themselves, and require peculiar care and watchfulness to be avoided. When a man has attained his full growth and development, a certain amount of exercise is still necessary to preserve his health, which, though generally more settled and firmer than before, is exposed to more undermining influences. But the majority of young men never seem to regard this at all. Their minds are fixed on business or pleasure. Most persons are obliged to engage in some regular occupation for support. This, especially in cities, keeps them closely employed often during the whole day. Now a reasoning being ought at once to see the necessity for some *healthful* recreation in the evening, to do away with the ill effects of the day's confinement;—and a walk, a row, a ride, a bath, or an hour in some gymnasium should at once suggest itself. But clerks, mechanics, merchants, and even students who should know better, are not thus inclined. On the pretext of amusement, relaxing their *minds* (which, by the way, are not often *overtasked*.) they rush in shoals to the Theatres, Circuses, Monkey Shows, Bar-rooms, Dance Houses, and Bagnios. There, amid crowds of others, composed in part of the vilest of the vile, they sweat and gasp for breath, inhaling a vitiated and disgusting atmosphere, often redolent with the odors of tobacco smoke, coal heavers, oystermen, and fashionable perfumery, and reminding one of Coleridge's "seven and seventy stinks in the town of Cologne." This is by way of *relaxation* and recovering from the fatigues of the day! Look too at the poor miserable exquisite, easing his already scant proportions into still smaller dimensions, and mincing along our streets with the perfume of Musk, Cologne, Macassar Oil, and "Vinaigre aromatique, Cosmétique, et antimephitique de Bully," waiving in gentle breeziness about his "ambrosial locks" and shuddering if perchance a "howlid twadesman" should come "between the wind and his nobility." Poor butterfly! His ephemeral career is truly pitiable, however well deserved!

Nor are our fashionable women one whit better. Starting out late at night, about half dressed, in stormy weather, they will dance some hours, overheat themselves, and undergo the various excitements of love, jealousy, vanity, and envy. Then, with their "delicate constitutions," they will, in merely stepping to their carriages, frequently cause Amenorrhœa or Dysmenorrhœa, or "catch a shocking cold," from the effects of which they perhaps never recover.

Ink for the Million.—To the Editor of the American Journal of Pharmacy:—The following formula for

making a *very superior* ink is not generally known. The facility of its preparation, and its almost incredible cheapness (about two cents a gallon,) render it worthy a place in your Journal.

R 12 oz. avoird. Ext. Logwood,
 $\frac{1}{2}$ oz. " Bichromate Potash,
 5 gallons water;

Dissolve the ingredients separately in water and mix them together, in a short time the ink will be fit for use.

An analysis of the above would be very desirable.

As an instance of the very great coloring property of hæmatoxylin, I have found that 1-100th of a grain, dissolved in 4,000,000 times that quantity of water, will be tinged a fine pink color by the addition of a little aqua ammonia.

Yours truly,

W. H. PILE.

Philadelphia, Sept. 13, 1852.

The Ceremony of Graduating.

We are entirely at a loss to account for the abolition of all ceremony, save the mere presentation of a parchment, when a young man is graduated in medicine. With but one exception that we know of, none of the schools in this country have any ceremony whatever whereby the entrance into the most responsible and important profession is rendered solemn or impressive. No recognition nor acknowledgment even of a sense of the responsibilities under which the novice places himself, is required. The day after he has received the document, dubbing and constituting him "a worthy and trusty man, an honest citizen and erudite scholar, &c. &c."—a document which introduces him to the confidence of the world and creates him a guardian of the health and lives of all mankind, as well as one of the custodians of the honor and dignity of the profession—yes, the hour after the raw, green horn, or wily knave has received his diploma, he may prostitute it to the vilest purposes. He has made no profession of faith, no avowment of allegiance, but he is "one of the faculty;" goes it "on his own hook," as he has the right to do, and possesses the irrevocable title deed to "all the honors, privileges and immunities" of the noble profession. The *ars divina* is as much entrusted to his keeping as to anybody's, and he pursues whatever course to guard its dignity as may suit his convenience. Perhaps he embraces forthwith the doctrine of homœopathy, or some other species of quackery, thereby bringing his diploma, his alma mater, his calling, into disrepute or contempt, but he is amply repaid in *filthy lucre*. His fellow-graduates, former preceptors, and the body of the profession disavow him, and he is declared an *outsider*. What cares he for that? "Persecution, persecution," is his cry, and his miserable ends are advanced; popular sympathy feeds him to opulence. He

still possesses the testimonial from his mother institution; he has violated no promise, but still holds up to the world a grand engraven testimonial; duly signed and sealed by some dozen prelates in physie, that he is an honest man and an erudite scholar. All the medical societies in a state may black-bail him—all the colleges, societies and doctors may call him a charlatan or ignoramus. Of what avail is that? He can sign certificates, label secret nostrums, defraud communities, with his same equal and unrepeatable M. D. He laughs to scorn all opposition; and where he finds one or two of his sort, who are willing and smart enough to unite their destiny, up runs a college with duly graduated professors, and the species is propagated. The breed is prolific. The fungi are now spread over this broad continent, and yet intelligent, educated and honest men complain and wonder at the degraded position of the once honored degree of Doctor in Medicine! Their gracious majesties, the professors, from the day they make hypocritical professions in oily introductions to that of the sad valedictories, ask, "How can we remedy, or even ameliorate this evil?" Bless their anxious souls, Will they but try? Will they give one single earnest of their sincerity in the oft reiterated expressions of their distressing anxiety to preserve medicine as a profession from degradation? Then go back to a primitive principle—one which we reckon was abandoned only when *tradesmen* took medicine in hand to turn out apprentices, and found it a profitable business; when they found, in a young country, a great continent wilderness, that selling diplomas was a great speculation, if *intelligence* nor *integrity* was charged in the bargain.

The primitive custom to which we allude is still observed, we believe, in almost every university in the old world; and we are glad to see that something of the kind is rigidly adhered to in that prosperous young school, the *University of St. Louis*, Missouri. We observe that the 5th requisition of graduation, in their printed code, is the following, in imitation of the Hippocratic pledge of old, viz:

"That each candidate publicly assent to the following promise prior to the conferring of the degree:

"You, A. B. do solemnly promise that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret method of cure, nor engage in any other species of quackery; and that you will not publish any matter or thing laudatory of yourself, or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding that the faculty reserve to themselves the right and privilege to revoke said degree whenever the promise here made shall be violated."

Something of this sort should be required at all the fountains of medical diplomas. It should be required

of the schools by the profession, as a small help for protecting it. It has been asked of some, and we hope that it will be granted by all. Some of the stand-still people ask, "Of what service will it be, as one who would violate the *implied* obligation to the school and profession would not be bound by a pledge?" We reply to the question, by denying their assertion. And, in case of apostasy, there is tangible evidence of the perjury and dishonor of the man. His commission is recalled, and he is broke. He is publicly disgraced and can no longer sustain himself among the uninformed people of the world; because he is not *now* a doctor. We beg to remind those who ask of what use this ceremony is, that medicine is not a mere business to make money, but that it is an *order*; medical men are a class to themselves; they are constituted by statute; and a statute or ordinance conferring privileges should always be accompanied by a penalty. About the most trivial circumstances of life honest men and rogues are made to bind themselves by pledges, notes, bonds, &c. Would anybody propose to break up this system?

But it is replied that here is a case where the penalty would be of no avail. This is a great mistake: in a large majority of instances the young graduates who go to quackery are made of such stuff that they may be held to peace under the most trivial penalty. It is the nature of the animal. The cur is readily held in obedience by the fear of the lash.

But we will not argue further upon the use of this graduating pledge. To us it seems of much importance, and we cannot understand how or why anybody can object to it. As the matter will be urged in many other places, we beg now to be informed by some learned prelate "What earthly harm can be done by such a requisition, and why not give it a *trial*?" Stethoscope.

Gratuitous Medical Services.

[We commend the following remarks to the attention of the profession, and indeed of the public:—]

"One of the questions of the greatest importance, in the present day, to medical practitioners, is that of the enormous amount of gratuitous service rendered to the public by the profession. In a condition of society never equalled in the history of the world for industry and competition, we of the profession of medicine stand alone in this particular. If the profession, as a body, were salaried by the State, the extent of their public labours producing no direct emolument could not be greater than it is at present. This, the vice of our system, is universal; it infests more or less all our great institutions, and it enfeebles every individual practitioner in the kingdom. If we were a set of idle monks, instead of being, as we are, the hardest-worked portion of the educated community, the unpaid calls upon our time could not be more absorbing. Without any disloyalty to the pure and holy sentiment of charity, it well becomes us to inquire, whether the continuance o

such a state of things can be intrinsically right, or prove beneficial to the profession individually or collectively. We conscientiously believe that many of those who might become the improvers of medicine and surgery sink, under the present system, into mere drudges, their intellects failing when they should strengthen; and that numbers are dragged down to mediocrity by unceasing toil, without leisure for study or for reflection. We are wont to pity the condition of the assistant naval surgeon on board ship; but really in society our profession, as a body is in much the same position. Numbers amongst us suffer from corroding cares during a weary life-time, vainly struggling against

"Poverty's unconquerable bar."

and dying, after a life of fruitless toil, leaving widows and orphans portionless and unprovided. But our gratis work, while it pierces our own sides, does not insure to us either the esteem or the gratitude of the public. On the contrary, we are despised and contemned, because we ourselves set so low a value upon the exercise of our art. We are verily the knight-errants of modern civilization, doing battle with disease and death for the mere honor of the thing, and as the age of chivalry has long since evaporated, we do not even get the empty guerdon of public praise and approbation.

There is no department of our profession from which we might not select apt illustrations of the truth of these remarks. From the lowest to the highest, the leprosy of unpaid work infects our profession, and puts us really in the position of idlers and spendthrifts; for to labour profitlessly is in its results much the same as idling or squandering. Let us take on this occasion the general hospitals of the metropolis, and the busy hive of medical men who serve and suffer in their service, and spread the influence of a bad example over the whole profession.

Modern London contains, for its nearly three millions of inhabitants, thirteen general hospitals, all of them well appointed with every appliance for the relief of suffering humanity. In this list we include St. Bartholomew's, St. Thomas's, Guy's, the Westminster, St. George's, the London, the Middlesex, University College, Charing-cross, King's College, the Royal Free, and St. Mary's. The thirteen hospitals possess a collective staff of from 140 to 150 physicians and surgeons, all of whom we must suppose to be fitted for the highest duties of the profession. Besides the accredited medical staff of each hospital, at least an equal number of qualified medical practitioners are attached to them as resident medical officers, pathologists, registrars, and assistants of various kinds. The poor persons and others—for all hospital patients are not poor—seeking relief from our hospital system, amount to no less than the astounding number of 800,000 annually. We have extracted this amount, without any wish to exaggerate from the best returns, as furnished by the hospitals themselves. The figures will be accredited when we

state that the largest of our nosocomial establishments, the Royal Hospital of St. Bartholomew, succours nearly 5,500 in-patients annually, and that its in and out-patients nearly reach 80,000 in the year. Yet this vast system of relief, and the immense amount of medical and surgical skill consumed in its bestowal, are nearly—we had almost said, entirely—gratuitous. Was ever such a spectacle of gratuitous toil exhibited as that which is involved in these figures? We believe not. Moreover we are convinced that the most exalted charity could never justly call upon any set of men for such an enormous self-sacrifice.

But some of the thirteen hospitals do present their medical officers with a yearly gratuity. Guy's Hospital, for instance, pays its medical men much the same annual salary as the porters at its gates receive. Grave and reverend men, overflowing with the love of the profession, receive stipends inferior to the wages they pay their own butlers or footmen. Much has been said of the penny-club system, and of self-supporting dispensaries. But really these cheese-parings are more insignificant than the remuneration of either clubs or dispensaries. We see, from time to time, public revelations relating to deans and chapters, explaining how a certain sum being left for the nourishment of those saintly personages who manage caputular revenues, and how this sum has grown, year by year, generation by generation, century by century, until a perfect plethora of income has been reached. It has been far otherwise with our profession. Revenue has with us stood still, or retrograded. The footman's wages which the physician at the borough hospital receives, represents a sum and a time when fifty pounds was a large amount compared with the fifty pounds of the present day. Yet Governors are not ashamed, amid their accumulated riches, to pay medical men in the poorest coin; and medical men, to their shame be it said, stoop to receive it with humble and unrepining thanks. Such being the state of affairs, can we wonder that the aspect of the profession should be prostrate and needy?

Lancet, July 30, 1892.

Solution of Gutta Serena in Chloroform.

BY PROF. L. A. DUGAS.

This is made by dropping into a vial containing chloroform small fragments of pure gutta serena until the solution acquires the consistence of thick mucilage. It is then applied with a camel hair pencil, which should afterwards be repeatedly dipped in pure chloroform and carefully wiped with paper or old linen so as to prevent its becoming stiff and unfit for further use.

I will now relate the result of its application in two cases of cancerous affection.

Mr. L. had been troubled with an epithelial-cancer of the lower lip which had resisted all applications for 18 months. There existed, upon the right side of the median line and at the junction of the skin and mucous surface, a small and thin scale or scab, which would

occasionally fall or be rubbed off, leaving a raw surface of exquisite sensibility exposed to irritation until another scab would be formed. Beneath this surface there was an induration about the size of a common pea, or rather a little larger, in which the patient frequently felt a very annoying sense of burning, and sometimes darting pain.

At this stage of the case, as the patient was averse to the knife, he was advised to try the application of collodion, which he diligently persevered in for about six months, applying it three or four times daily. This arrested the farther growth of the disease, relieved its itching and burning, protected its surface from ordinary irritants, but did not heal the denuded surface. He then substituted the solution of gutta percha in chloroform in lieu of the collodion. In a letter to me he thus describes its effects: "In a few days I saw and felt a change in the color of the sore and in the irritation; in a week or ten days the lump disappeared and the irritation subsided, and in three weeks it was almost entirely healed over; in less than a month it was well, leaving an indentation on the lip."

In a note dated the 1st of this month, (April,) my patient writes me

"I begin to fear a return of it in the same place the cure was made 18 months ago. Recently a lump has appeared in the lip; it is *hard* and sometimes a little sore—it gives me no trouble yet, but I am afraid of it." I will advise him to use the gutta percha and chloroform again.

The next case was that of Maria, a negress, about 50 years of age, who was sent to me from the country on the 3d of November last, with a cancerous ulceration of the mamma of several months standing. Both mammary glands were very much atrophied, but the affected one was the smaller of the two, presented nothing but a mass of schirrous induration which seemed adherent to the thoracic walls, and in the depressed centre of which the remains of a nipple were to be seen drawn back and ulcerated. The ulcer covered a surface equal to the areola. The axillary glands were much enlarged, and the patient a prey to continual pain, especially at night, which deprived her of sleep.

Feeling satisfied that the knife promised no relief under such circumstances, yet unwilling to send her off without trying something, I put her upon the use of the gutta percha and chloroform, thoroughly coating the whole breast daily with it. The discharge from the ulcers would at first cause the pellicle of gutta percha to become loosened in 24 hours, so that the surface had to be cleansed before the re-application of the remedy. The suppuration, however, gradually lessened until the coating could remain a week—the painting still being made each morning. Under this treatment, the patient was gradually relieved of all pain about the breast and even in the axilla. She slept quietly at night, enjoyed her meals, and felt quite well. Her general health improved and she left at the end of one month, with in-

structions to continue the treatment perseveringly, and to get her master to inform me of the result. I have had no report from her since, but have learned incidentally that she never applied the remedy after she left here, and placed herself under the charge of some one who professed to be able to cure cancers—with what result, I know not.

These two cases are narrated with the simple purpose of directing attention to an application which may stay, if it does not cure, so formidable an affection as cancer.

Trans. Med. Society, State Georgia, 1852.

From the Stethoscope.

The Chemist's Dream.

Methought I was exploring the hidden recesses of an extensive cave, whose winding passages had never before echoed to the tread of human foot. With admiration and delight I was gazing at the thousand wonders which the flashing torchlight revealed on every side, at each step of my progress, when a strange sound, as of the hum of many voices, fell upon my ear. What such a sound could mean in such a place was more than I could divine.

Curiosity led me on in the direction whence it came. The buzz of conversation, cheerful as it would seem from the occasional bursts of merriment that were heard, grew more and more distinct, until the dark and narrow passage I had been following suddenly opened upon one of those magnificent rock parlors, of whose grandeur and beauty description can convey but a faint idea. A flood of light illuminated the arching roof with the vast columns of stalactites sparkling with chrystals that supported it, and was reflected with imposing effect from the huge streets of the same material, of the purest white, that hung from the ceiling in graceful but substantial drapery. I stood in one of nature's noblest halls, but not alone.

A strange company had gathered there. Black spir-its and white, blue spirits and grey, were before me. A festive occasion had assembled, in joyous mood and holiday attire, the first born of creation—the *Elements* of things.

In dreams, nothing ever surprises us. It seemed perfectly natural to see these fairy forms in that strange grotto. So, accosting without hesitation, the one nearest to me, I apologized for my intrusion, and was about to withdraw. From my new acquaintance, however, I received so cordial a welcome and so earnest an invitation to become a participator in their festivities, that I could not deny myself the pleasure of accepting the hospitality so kindly proffered.

I was soon informed that some of the leading characters among the *Elements* had resolved some weeks previous upon having a general picnic dinner party. Sixty-three family invitations had accordingly been sent out—one to each of the brotherhood—and preparations for the feast made upon a most extensive scale. Sea

and land had been ransacked for delicacies, and everything was put in requisition that could contribute to the splendor of the entertainment or to the enjoyment of the occasion.

At the hour I so unexpectedly came upon them, nearly all the guests, with their families, had assembled in the strange drawing-room I have described, awaiting the summons to the banquet.

Spacious as that drawing-room was, it was nearly filled with these interesting children of nature. And here they were seen, not as in the Chemist's Laboratory, writing in the heated crucible, or pent up in glassy prisons, or peering out of gas holders and Florence flasks, but arrayed in their beauty, each free as air and acting as impulse prompted. There were those present of every hue, every style of dress, every variety of appearance. The metals, the gases, the salts, the acids, the oxides and the alkalis—all were there.

From the mine, from the shop of the artisan, from the mint, from the depths of ocean even, they had come; and a gayer assemblage, a more animating scene, my eyes had never beheld. Many of the ladies of the party were most tastefully attired.

Chlorine wore a beautiful greenish yellow robe, that displayed her queen-like figure to good advantage. The fair daughters of *Chromium* particularly attracted my attention, with their gay dresses of the loveliest golden yellow and orange red. *Iodine* had just arrived, and was not yet disencumbered of an unpretending outer garment of steel grey that enveloped her person; but the warmth of the apartment soon compelled her to throw this aside, when she appeared arrayed in a vesture of thin gauze of the most splendid violet color imaginable. *Carbonic Acid* was there, but not clad in the airy robes in which I expected to see her. The pressure of the iron hand of adversity had been upon her, and now her attire was plain—simply a dress of snowy white—the best which her straitened circumstances to which she had been reduced, allowed her to assume. Quite a contrast to her was her mother *Carbon*, whom you would have supposed to have been a widow in deep mourning, or a nun who had taken the black veil—so sable were her garments, so gloomy her countenance—had not her ear-rings of polished jet and a circlet of diamonds that glistened on her brow evinced that she had not yet altogether renounced the world and its vanities. The belle of the room appeared to be *Nitrous Acid*, the graceful daughter of *Nitrogen*, airy in all her movements, and with dress of deepest crimson, that corresponded well with a lip and cheek rivaling the ruby in redness. Among the lady metals, too, there were many with bright faces and resplendent charms; but I must pass on to a description of the gentlemen of the party.

Sulphur wore a suit of modest yellow plush, while *Phosphorus* quite disconcerted some of the more decorous matrons present, by making his appearance in a pair of flesh-colored tights.

Phosphuretted Hydrogen, or, as he is nick-named, "Will of the Wisp," startled me, by flitting by in a robe of living flame, the dress in which the graceless youngster is said to haunt church-yards and marshy places, playing his pranks upon poor benighted travelers. The king of metals, *Gold*, was arrayed in truly gorgeous apparel, though it must be confessed, there was a glitter and an air of haughtiness about him from which you would turn with pleasure to the mild, sweet face of his royal sister, *Silver*, who leaned upon his arm, a bright eyed, unassuming creature of sterling worth.

Mercury was there, as lively and as versatile as ever, a most restless being, now by the thermometer, noting the subterranean temperature, now by the barometer predicting a storm in the regions overhead, now arm in arm, with this metal, then with that, and they all, by the way, save stern old *Iron*, had hard work to shake him off. A strange character surely was he—a philosopher of uncommon powers of reflection—the veriest busy-body in the world, well versed in the healing art, a practical amalgamist—in short, a complete factotum. *Potassium*, though a decidedly brilliant looking fellow, manifested too much levity in his deportment to win respect, and was pronounced, by those who knew him best, to be rather soft. In gravity *Platinum* surpassed all the rest, and in natural brightness was outshone by few. When *Oxygen* arrived, and his light, elastic tread was heard, and his clear transparent countenance was seen among them, a murmur of congratulation ran round the drawing-room, and involuntarily all assembled rose to meet him and do him homage. He was a patriarch indeed among them—literally a father to many of the youngest guests. His arrival was the signal of adjournment to the banqueting room, where of right he took his position at the head of the table.

Concerning the apartment we had now entered, I can only say it was grand beyond description. It was lighted up with the brilliance of noon-day by an arch of flame intensely dazzling, produced by a curious apparatus which *Galvanism*, who excels in these matters, had contrived for the occasion out of some materials which his friends *Zinc* and *Copper* had furnished him. Festoons of evergreens and wreaths of roses encircled the alabaster columns, and made the whole look like a hall in fairy-land. But I must describe the table and its paraphernalia—the preparation of the viands: I mean the baking, boiling, roasting, stewing and the like, which had been committed to *Caloric*, who had had long experience in that department. The nobler of the metals had generously lent their costly services of plate, while *Carbon* united with *Iron* to furnish the elegant steel cutlery used on the occasion. *Alumina* provided the fine set of china that graced the table, and *Silex* and *Potash*, without solicitation, sent as their joint contribution, cut glass pitchers and tumblers of superior pattern and transparency. As among these sons of nature there is no craving for artificial excitement, *Oxygen* and *Hydrogen*, who by the way have done more for the

cold water societies than Delavan and Father Mathew, were commissioned to provide the drinkables, and what beverage they furnished may easily be conjectured. *Carbon*, with *Oxygen* and *Hydrogen*, found most of the vegetables, and *Nitrogen*, whose assistance as commissary here was indispensable, joined them in procuring the meats, under which the table groaned. No taste but would be satisfied with the variety—no appetite but would be cloyed with the profusion of good things. Though the liberality of the four that have been mentioned left but little for their associates to contribute, still some individual offerings to the feast deserve to be mentioned. Thus the oysters *Carbonate of Lime* had sent in the shell; the pyramids of ice cream for the desert were provided by the daughter of *Chlorine* and *Hydrogen*, the bride of *Sodium*, who was out several hours in the snow engaged in freezing them, and the almonds and peaches came from the conservatory of *Hydrocyanic Acid* the druggist.

After grace had been said by *Affinity*, who is a sort of chaplain to the *Elements*, having officiated at the weddings of all the married ones of the company, a vigorous onset was made upon the good things before them. At first all were too much engaged for conversation; but the desert appearing at last, as they cracked their nuts the jests too were cracked. Toast and song were called for, and wit and innocent hilarity became the order of the day. Even *Oxygen*, who had presided with such an air of dignity, relaxed from his sternness, and entertained the younger ones at the table with many a tale of his mischievous pranks in the days of old father *Chaos*, when *Time* and himself were young. Strange tales they were too, of earthquakes with which *Hydrogen* and he would now and then frighten the Ichthyosauri and Megatheria of the ancient world, and of conflagrations comical as of old *Vulcan's* tongs and anvil, kindling them before his eyes with the very bolt he was forging. This, however, he added, with a sly glance at his old partner *Nitrogen*, who sat near, was, before marriage had sobered down his spirits and tamed his impetuosity.

I have no space to chronicle more of the freaks of *Oxygen's* early youth, nor any of the sayings and doings of others of this memorable night's party, else I might relate the marvelous story *Nickel* had to tell about the manner in which he managed to deceive and wrong the miners of former days, by making them believe that he was the parent of *Copper*, until at length they concluded that he was an evil spirit, whose sole object was to interrupt their operations. I would tell too of the drolleries of *Nitrous Oxide*, that funniest, queerest, craziest of youngsters, and how *Phosphorus* made a flaming speech, and *Potash* a caustic one, and how *Mercury* proposed as a toast, "the medical profession," to whom we say "use us but don't abuse us." I must speak, however, of a curious little by-scene I chanced to witness. It was a flirtation that *Platinum* was carrying on with *Hydrogen*, whom, much to my

surprise, I found seated up among the metals, and quite at home among them too. There was quite a contrast between *Platinum*, grey, heavy and dull as he was, and the light and buoyant creature by his side, but there soon seemed to be evidence of some mutual attraction between them.

So passed the evening, all went on "merry as a marriage bell," with nothing to mar the good humor that prevailed, until in an evil hour *Sulphuretted Hydrogen*, a disagreeable fellow, against whose appearance at the banquet most of the company had protested, entered the apartment with a very offensive air. In an instant the whole family of metals, to whom he is particularly obnoxious, changed color. *Lead* fairly grew black in the face with indignation. *Arsenic* and *Antimony* seemed to be jaundiced with rage; *Ammonia*, to whom his presence recalled very unpleasant associations, in trying to avoid him, precipitated several metallic oxides on the floor, while *Chlorine*, with more self-command than the rest, advanced with a firm step to expel the intruder, looking as if she were about to annihilate him on the spot. Well, at this crisis he espied *Nitric Acid*; and knowing that his destruction was certain, if they should come in contact, he at once withdrew, very much to the satisfaction of the whole company.

How the scene might have terminated, I know not, for just at that moment a strange sound of awful import, like the trampling of a mighty host, came to my ears. I felt sure it was an earthquake's voice, and that now my fate was sealed. My knees tottered under me—the arching grotto and the festive board gradually vanished from before my eyes, which opened upon the class as they were leaving the laboratory of our worthy Professor of Chemistry, where, it seemed, much to my confusion, I had fallen asleep during lecture, and

"Dreamed a dream in the midst of my slumbers"

S. R. H.

EDINBURGH, 7th August, 1862.

Visit to Prof. Simpson, the introducer of Chloroform.
My dear Colleague Prof. Watson of the Nashville University."

Occupying as you do a corresponding position in the great profession to the great teacher of *obstetrics*, in the great capital of Scotland, I have thought it appropriate to address to you what I saw of him to-day. I have had the enviable privilege of not only making his acquaintance, but have seen him operate after administering *Chloroform*. Having visited the Edinburgh University, Herriot's, Dawson's and Donaldson's magnificent hospitals, each founded by the munificence of individuals bearing these respective names, I next sallied forth to call upon Professors Miller and Simpson. The first mentioned was out of town, but the latter I found in the midst of his patients. He promptly acknowledged my small contributions to the early introduction of his special anæsthetic agent in our country, and invited me into his private operating room, to teach which we had

to pass through *two stories of women* in attendance upon the consultation of the Doctor. There were three other professional gentlemen with him: one, Prof. Retzius of Stockholm, Sweden. He is the professor of obstetrics, and is brother to the distinguished professor of anatomy. He too had come to visit the great Scotchman, who has the high honor of having given to the world the best of all anæsthetic agents.

Amenorrhœa—one certain emmenagogue

Prof. S. had just operated upon a case, that of cupping directly the uterus for amenorrhœa. The fluid extracted was subjected to the microscope and exhibited blood corpuscles as well as those of mucus and epithelial cells. This method to bring on menstruation is resorted to when other means have failed, and is only adapted to a certain number of cases. A stem pessary he also frequently employs, composed for this particular purpose of two metals, say zinc and copper or silver, so as to excite galvanic action. These instruments are generally made of German silver, are of oval shape, of about one and a half by two and a half inches in size, and from their centre projects at a right angle a stem of two inches in length. To introduce this pessary the stem is placed flat upon the body of the instrument, passed into the womb, and then by a spring maintains its position in this organ, while the whole is retained in the upper portion of the vagina. I saw one removed that had been worn ten months without any inconvenience, but on the contrary with advantage. No difficulty is experienced in wearing them. Should the ordinary treatment for amenorrhœa fail, and galvanism produce no effect when applied as described, then as the dernier resort, a long catheter is introduced into the womb, and a suction pump adapted to its external extremity. This is the direct cupping of the uterus, and is surely one certain emmenagogue. Of course, if the ovaries are at fault, nothing can re-establish menstruation; hence I have stated this heroic measure, the immediate action upon the womb itself, must be applicable to only a limited number of cases. The sudden congestion of this organ by this means must often result in the irruption of the menses, and may be added to our means to effect this end.

Retro-version and retro-flexion of the uterus.

For these Dr. Simpson relies on his stem pessary. In a case just arrived from Aberdeen, the patient was placed deeply under the influence of Chloroform, the misplacement clearly ascertained, and as the os tincæ would not admit the stem, it was freely incised in opposite directions. The patient was to return in a few days to have a pessary adapted to her case. I was much surprised at these bold operations upon the womb; and they go far to establish the position of Jobert of Paris, that its internal surface is insensible. The instrument of Prof. S. for stricture of the os tincæ resembles the lithotome cache, the handle being much longer.

False Conception

Is readily detected by the relaxation produced in the abdominal muscles from the effects of Chloroform.

Prof. Simpson's mode of administering Chloroform.

He poured on a towel about half an ounce of this fluid, and applied it closely to the nose and mouth of the patient. It was there retained, say about two or four minutes, until the patient had passed into stertorous breathing. Indeed it seemed to be recklessly administered, so obviously was confidence placed in its harmlessness.

Everything that I saw of Prof. S. during this brief visit impressed me with the sound philosophy and great merit of the man. He is, in my estimation, justly entitled to all the honors bestowed upon him by his professional brethren throughout the world, and has conferred an inestimable boon on suffering humanity. To him, and to him alone, belongs all the praise of introducing the best anæsthetic yet known in the practice of the healing art.

Professor Simpson is about fifty years old, is a short, stout, built man, with broad shoulders, short neck and large head, covered with a profusion of dark colored hair, which he wears quite long. It was four P. M. when I called upon him, and found his house then thronged with female patients, not less than sixty, I should think.

Yours truly,

PAUL F. EVE.

TO PROF. WATSON.

Nashville Journal of Med. and Sur.

Conclusion of Prof. Peaslee's Introductory Lecture before the New York Medical College, and published by the Class.

Thus it appears that the practice of medicine more than any other profession, demands the incessant influence of high moral principle; that it more than any other tries the feelings, and tests the moral character, but at the same time exalts both; that the medical profession has ever possessed as high a character for virtue and morality as any other, and as high a religious character also, the clerical profession alone excepted; that in the practice of medicine all baser metal, all counterfeits, will surely at length be detected, while the pure gold of moral excellence will also be discovered and justly appreciated; that medical men are judged by a higher standard of moral character than is applied to other men, but it is certainly our own fault if we do not elevate ourselves to its requirements.

A good moral character is indispensable, therefore, in a medical man; and is the indispensable basis upon which the intellectual part of a medical education should be erected. How, then, can private medical teachers, and the medical schools, elude the duty of preventing, so far as may be, the admission into the profession of immoral men? No physician should receive into his office as a pupil, a young man whose moral character is

objectionable, and private teachers generally have opportunities for certain knowledge in regard to this matter; but should, on the contrary, dissuade all such from studying medicine at all. No preceptor, who is himself a good man, is ever honored in the end by an immoral pupil, however intellectual he may be. Yet by far the greatest amount of the immorality actually existing in our profession, is traceable to a neglect of duty in this respect.

But the duty of the schools is not less binding, nor less important. The great object of their institution is the advancement and elevation of the medical profession in all respects; and they are either entirely ignorant or utterly unscrupulous, who would pervert them to their own personal advantage. From the fact also that the schools depend on the profession for their support, they are bound not to thrust into it such as either from bad moral character or deficient intellectual qualifications, will disgrace it, and thus bring personal dishonor, in some degree, upon those who have already become honorably connected with it. Indeed, the schools have recognized the duty I am inculcating, by requiring certificates of good moral character as a pre-requisite to graduation. But it is well known that every man may obtain such a certificate from some source, and, therefore, any school is liable to imposition in spite of all possible precautions. But does the blame justly fall upon the schools in such instances? Certainly not—but upon the previous teachers of such young men, who had every opportunity to know their true character, and yet sent them to the schools, and, perhaps, as generally happens, almost as a matter of course, also gave them the necessary credentials. It is certainly too much to require medical schools, besides storing the intellects of their pupils, to convert immoral into moral young men.

But since the evil of sending such men to the schools exists, without any check in the power of the latter, it is their duty to impose still other criteria of character, so far as is practicable, in order to guard the profession in every possible way in this respect. And this also the profession has the right to demand. And just so far as a school gives its diploma to irregular practitioners of any kind, it is directly contributing to disgrace the regular profession; and by such acts forfeits all claim to the patronage of the same. So far, also, that school commits an immorality, for which it should be held responsible to the last degree, if committed with a full knowledge of all the facts at the time. I well know the difficulty—even the impossibility—of ascertaining the truth in all cases, for the reasons before mentioned. But the graduation of irregular practitioners may be guarded against, in a great measure, if not in every instance, by requiring every candidate for a degree to sign a pledge, to be preserved hereafter, to the effect that he will never engage in any irregular system of practice; will maintain an honorable intercourse with his professional brethren; and will endeavor to promote the interests of his profession in every honorable way. What

glory can accrue to any school from the graduation of such men as would refuse to sign such a pledge? And what public teacher can wish to graduate such men on any account, unless he considers his responsibility to his own pocket paramount to his duties to his profession? This college, gentlemen, has the honor of first requiring such a pledge. Already, its example has been followed by another school;* and, ere long, we hope to see it imitated by every respectable medical institution in the country.

I have said it is too much to require the medical schools to make moral physicians out of immoral and corrupt students. But I add, that it is not, however, too much to demand of them that they shall not encourage students in their immoralities—that they should not connive at the falsehood of those who pretend to be preparing themselves for the practice of medicine, till they get their diploma, and then throw off their disguise and engage in irregular practice. It is also not too much to demand of the schools, that they shall not set an example of falsehood themselves to their pupils, by professing to the public that none can obtain a diploma without a three years' course of study, and then confer their degrees after a course of a year or two, just to suit applicants. But a low estimate can that public medical teacher have of his duties to his profession at large, and but a slight degree of self-respect, who will not in every way manifest his entire disgust at all such practices. And we who attempt to teach, are bound at least not to make our pupils worse, if we do not make them better; we are bound to manifest, on all occasions, by our example and by precept also, so far as may be proper, our recognition of the highest and purest moral principle, as the main and indispensable element in the medical character. What, then, shall be said of such teachers, as in their public lectures and private acts pander to the lowest appetites of those who look to them for instruction? So long as such are found in professorial chairs, the scandals against our profession, to which I have alluded, will continue to be repeated; for so long there will still be enough immoral men in it to attach some degree of disgrace to the whole. It is for the profession to single out such teachers and such schools, and bestow its patronage accordingly.

But finally, *medical students* also have a duty to perform in this respect. It is true, they have no opportunity to learn it, perhaps, till they have selected their preceptor, and possibly it never occurs to them till they have even received their diploma. But it is their duty, and at the same time their interest, so far as they may, to patronise only preceptors and schools of the best character, in a moral point of view. For every medical school has a moral character and an intellectual; as, well as its individual professors; and were I to send a son to a medical school, I should take especial pains accurately to settle the question of character, present

* The St. Louis University.

and prospective, before I decided what teacher or school he should patronize.

Having decided what teachers and what school to patronize, you will not fail, young gentlemen, to recognize it as the duty of each to fulfill, so far as in him lies, the high hopes of those so near and dear to him, from whom he is for a season to be separated; still remaining uncontaminated by the temptations of a great city. For however great the intellectual progress you may make, unless you preserve unspotted your moral escutcheon, you are unfit for the noble employment to which you aspire. In it, above all, it is true that "the evil bow before the good;" and in every vocation,

— "Talents angel bright,

If wanting worth, are shining instruments

In false ambition's hand, to finish faults

Illustrious, and give infamy renown."

Chloroform and its Dangers.

[The following article cannot fail to interest our readers, especially in view of another article found in this number, from the pen of Professor Paul F. Eve, of Nashville, Tennessee. The contrast between the experience of Dr. Warren of Boston, and that of Dr. Simpson, of Edinburgh, is so extraordinary, as these two documents show, that every reader of both will be constrained to infer that the Chloroform used so freely and recklessly by Professor Simpson, must be another and very different article from that used by Professor Warren in the mistaken idea that he was only employing Chloric Ether. The address of the latter gentleman would otherwise be strongly corroborative of his views long since published, of the dangers of using Chloroform at all.

That there is a very great difference in the physical properties of the articles sold and used as Chloroform, has been well known, and is obvious to the senses. That its chemical composition is equally different, cannot be doubtful. Hence its effects on the human body when inhaled, essentially vary in violence and danger, more from the quality of the agent, than from any error in its exhibition, or from any idiosyncrasy in the subject. This has been generally understood, and the utmost caution has been urged in the selection of the Chloroform, and its specific gravity has been relied on as one of the most reliable tests.

How it is possible to mistake Chloric or Sulphuric Ether for Chloroform, if the least attention is paid to the density or specific gravity of the latter as compared with either of the former articles, would seem to be inconceivable. Pure Chloroform is so heavy that it resembles *quicksilver* in its appearance in the bottle which contains it, seeming to be slightly convex on its surface. While the ethers are all lighter, like air, and hence evaporate much more rapidly. Besides the smell is essentially different, and when diffused through the operating room, we should have supposed that the detection of the mistake, when as in this case, the article

was placed in the wrong bottle, would have been immediate.

Dr. C. T. Jackson of Boston, has announced that much of the Chloroform of commerce is poisonous, by reason of containing fusel oil, and he thus accounts for its dangers. But the Academy of Sciences by their experiments on the inhalation of *fusel oil* itself, appear to have proved that this agent is not fatal, so that we must look elsewhere for the mischiefs which have been reported in our own and other countries.

No Chloroform should be used without chemically ascertaining its purity, and the specific gravity found to correspond to the standards heretofore laid down. Its uniformity of strength and absolute purity should be secured by legislative enactment, and competent inspection by officers appointed for the purpose. And then if proper caution is used in administering it, alternating its inspiration with the atmospheric air, and stopping short of stertor, which is never necessary, ten thousand experimenters are daily proving, that in judiciously selected cases, such Chloroform may be used with entire safety. But we could never consent to employ so powerful an agent, with the freedom from restraint recommended on the authority of Dr. Simpson, and we cannot help suspecting that his Chloroform is essentially different from ours.

That the ethers are milder and safer, is highly probable, since but few deaths have occurred any where when these were used. And deaths from Chloroform have not exceeded thirty in all parts of the world, so far as they have reached us, although it has been inhaled probably by millions of persons. Nor is it by any means certain that in all the instances reported, this agent was the cause of death, for the experience of all surgeons furnishes cases of death during or soon after operations, even of the minor kind, where no anæsthetic had been used. In the cases reported by Dr. Warren, there may still be room for doubt, or there may be some peculiarity in the Chloroform used, which may explain the untoward results.

All must honor the candor of Dr. Warren, in thus spreading the cases before the world, possessing as they do so great practical importance. We admire the spirit and tone of the address, and lose no time in extending its circulation.]

From the Boston Traveller.

Remarks by Dr. J. C. Warren, to the Medical Class and other Gentlemen on a Death by Chloroform, accidentally administered in the Massachusetts General Hospital, Nov. 6th, 1852.

The occurrence in this hospital a few days since of two unfortunate cases, one of which proved fatal, renders it desirable that an explanation should be made of their course and cause.—I shall attempt this explanation the more readily, as it will afford a great practical lesson which you may never again have an opportunity of witnessing.

The Hospital was founded about thirty years since. The most distinguished men of our community, the Lowells, Bowditches, Quincys, Sullivans, Appletons, and others were among those who devoted their time, talents, and property to the erection of the institution, and who have continued to support it by their paternal care. These names are a pledge to the community that it has been conducted with all the wisdom human ingenuity could furnish.

Among the regulations which they have thought judicious, is one for an annual election of Medical Officers. This regulation does not involve the necessity of removal of all these officers; they are changed only when it is thought necessary or expedient; and this necessity does exist frequently in regard to the house surgeons or pupils, and the apothecary. When it takes place in the latter office, a considerable time is required for the new incumbent to acquaint himself with the customs and practices of the Institution; and it is obvious that such a change, involving an immense number of details, cannot occur without some oversights and mistakes. No mistakes, however, of any importance have come to our knowledge previous to those connected with the late accidents.

A number of operations were to be performed, and the patients to be etherised. For this etherisation, chloric or sulphuric ether is usually employed. Chloroform, the popular favorite, is never used in this Institution, except as an external application; but on this occasion it was introduced, from the fact that it had been poured into a bottle labelled with the title, "Concentrated Chloric Ether." This bottle, then, marked as concentrated chloric ether, was placed on the table and employed for these operations, without suspicion on our part that it was not the article designated by the label on its surface. The error escaped the observation of those who administered it, from the fact that there is a resemblance in the sensible qualities of the two articles. So that three persons were etherised with Chloroform instead of chloric ether.

Many of you will immediately inquire why we object to the use of a substance employed by men of science, and men without science, all over the world, as the article best adapted to produce anaesthesia, or insensibility to pain. The ground of our objection to the use of Chloroform is its tendency to produce dangerous consequences in a certain number of cases. The published fatal cases of Chloroform now known cannot be less than thirty; and it is well understood that many have never met the public eye. The appearance of fatal cases in 1848 led me to publish my remarks on the "Effects of Chloroform and Strong Chloric Ether as Narcotic Agents." Besides the Boston edition of these remarks, editions were published in the Medical Journals of Philadelphia and London, and by these various publications the dangers of Chloroform were made sufficiently known. Most, if not all, my colleague surgeons in the hospital, influenced by the same considera-

tions which had guided me, concurred in disapproving its use. In the mean time, sulphuric ether in the enthusiasm for Chloroform had been almost forgotten, and the question arose, whether we should return to it. The objections to its use were its pungent odor, its stimulating power, its extensive diffusibility, the subsequent dead smell, and finally its great disposition to produce nausea and headache in those exposed to its influence.

At that period many physicians were engaged in searching out new anaesthetics, and some of us thought it might be useful to unite in this investigation. An article used in medicine for a number of years back, and also as a favorite drink, the chloric ether of commerce attracted our attention. We made trial of it, and found it possessed no anaesthetic properties. Having witnessed in the distillation of chloride of lime and alcohol, the production of a liquid of different degrees of strength, part of it being much more powerful than the rest, we consulted an able chemist, and found, that by a re-distillation of part of it with the addition of two parts of alcohol, there was formed a beautiful chloric ether, which we hoped might be safe, effectual and agreeable. We therefore made a cautious trial of its effects on a patient in the hospital, whose irritability was such as to prevent an investigation of his disease; the ether having been administered, the examination was immediately effected with perfect ease and success. Proceeding with great care we gradually extended its use to all cases where Chloroform had been employed, and found it "agreeable, safe and effectual." Soon after the subject having been introduced at the meeting of the American Medical Association in Baltimore, I was called on to say what I knew of its effects; and the remarks then made being favorably received, I published an account of it in connection with the work already alluded to, recommending it as a substitute for Chloroform.

Objections were taken to this substance on account of its alliance to Chloroform, and articles were written to show, that it could not be used with safety, but I did not think myself justified in abandoning its use. Perhaps it will be thought I ought to have replied to these objections, but having already employed much time and labor in the investigations relating to this ether, and having fairly placed it in the hands of the public, I could not consider it a duty to go into a controversy for its support. Since then I have given it in a great number of cases, and no fatal occurrence has ever followed the administration.

During the past summer two or three deaths are said to have occurred from the use of the tincture of Chloroform, under the name of chloric ether, an article different from the true chloric ether, as pointed out in the preceding papers. It consists of a mixture of alcohol and Chloroform, in the proportion of two to one, without distillation. The mixture was adopted no doubt as more economical than the distilled com-

pound chloric ether,—a fact which accounts for its introduction and substitution for the other, but I have never used it, intentionally, except for the purpose of experiments, and by the aid of Dr. Hayes I have obtained a pure distilled compound chloric ether, as mentioned above. From this article, so far as I know, no fatal cases have ever occurred.

This ether is used in this city, in Salem, in New-York, the South and West, and is considered a beautiful and valuable article. Families who have employed it here have sent from Europe to obtain it. Chloroform, as already stated, notwithstanding the mortality which has followed its use, is more extensively employed all over the world than any other article, and this happens because it is more speedy in its effects than anything else. Sulphuric ether, although there have been scarcely any or very few authentic accounts of its fatal effects, [Vide British and Foreign Medico-Chirurgical Rev. Jan. 1852.] is not known to be employed to any great extent in other places than Boston.

I shall now proceed to give an account of three cases, in which Chloroform was accidentally administered in this hospital on last Saturday. In my account, I shall endeavor to avoid the use of names, as more delicate and proper, but I would say, that all who aided me on this occasion performed their duties with activity and with credit.

Three cases presented themselves for operation. The first was on a contracted hand. The patient was etherised with the supposed chloric ether. In two or three minutes anæsthesia being produced, the operation was performed under the continued administration of the same article during from five to ten minutes. The patient escaped without any other inconvenience than a slight soreness of the throat—an effect of the inhalation of Chloroform which I have myself experienced.

The second case was of a tumor on the right side of the face in the region of the parotid gland, supposed to lie in the substance of this gland. The attendants being arranged so as to give every assistance to the patient and the operator, the anæsthetic liquid was applied as usual with a sponge, and with the freedom employed in the use of ether, but not proper where Chloroform is known to be used. As soon as the application was made, the patient began to struggle and throw his limbs about in so violent a manner that we were compelled for the moment to resign into the hands of the assistants. But being soon exhausted by the excessive motion, he necessarily inhaled more freely, thus filling his lungs with the vapor of Chloroform, and in three or four minutes rendering him insensible.

The operation was begun, the parotid gland laid bare, the tumor found to lie behind it, the parotid gland itself incised, and a round regular tumor enclosed in a fibrous sac was brought into view. At this moment those appointed to watch the patient gave a signal that the pulse was failing and respiration scarcely perceptible. Immediately cold water was dashed on his face, and this not reviving him, motions of the chest (in imi-

tation of respiration) by moving the ribs up and down, blowing of air into his face, and afterwards into one nostril, stopping the other, (pressing back the larynx so as to prevent the air from going into the stomach,) frictions of the limbs, clearing the mouth of saliva and froth, and removing the mucus from the throat by the finger were resorted to. At this period I called for ammonia. During the past year I have been in the habit, when a patient was to be etherised, to direct a bottle of ammoniated alcohol to be placed on the table.

This substance is a powerful stimulant, and has been employed from an ancient period to revive persons affected with many of the forms of suffocation, or asphyxia, and also for fainting. Its object is not to oxygenate the blood, which it cannot do, but to give a spur to the nervous system, and put in motion the dormant vital energy, for which purpose it is superior to any other stimulant. This is not the strongest preparation, but there was brought by mistake, and without my being aware of the fact, a bottle of aqua ammoniac, which is three times stronger than that above named. It has the same color, and also the same odor, though the latter in a greater degree, with the ammoniated alcohol. The difference, however, would not be detected in a case of urgency, where a few seconds lost might be fatal to the patient. This article, then, was applied on a sponge to the nostrils, and not producing any effect, a small portion was insinuated into the mouth. At this moment some faint appearance of respiration was exhibited, and by the continued efforts of artificial respiration and frictions, the pulse returned, the patient began to breathe freely, and in from five to ten minutes more he seemed quite out of danger. The operation was then concluded, and the patient carried to his bed.

After lying a few hours he recovered his usual state of health, at least so far as to speak and drink without difficulty; he was, however, much troubled with a secretion of mucus from the lungs; and a cough necessary to extricate it. He had also soreness of the throat in swallowing. The latter symptom has at this time disappeared, but the cough and expectoration continue. The patient wishes to leave the hospital this afternoon, but I shall previously take occasion to call him into your presence.

The third case is the most important. It was that of a young man, about twenty years old, a native of Ireland, who had his arm entangled in the machinery of a bark-mill about five days before. The muscles and other organs were torn from the fore part of the arm, and some loss of blood took place. On his entrance to the hospital, the hand was found cold and without sensation, showing that the nerves had been destroyed, and that the arm could not be restored.—Amputation was proposed to him, but he rejected it, and notwithstanding the danger of mortification and lockjaw, and the ultimate uselessness of the limb were pointed out to him, he insisted he would die with his arm on.

On Saturday, partial mortification having taken place in the meantime, rendering the arm excessively painful and foetid, and being convinced that he could

never recover the use of it, even if he lived, he consented to have it amputated. The surgeons and assistants took their places around him, as in the last case, while I myself watched his pulse. Etherization was carefully made; immediately on the application of the anæsthetic fluid he became perfectly quiet; the operation proceeded, and was accomplished in about two minutes. Just as it was finished I perceived his pulse was rapidly failing. Word was given to suspend the dressing, and dash water on his face, which was immediately done. Notwithstanding this, the respiration and pulse went on diminishing, and soon ceased. He was, to all appearance, entirely dead. Artificial respiration was directly produced by moving the ribs; the limbs were rubbed, ammonia was momentarily applied to the nostrills and mouth, and when these things failed, ammonia was introduced into the mouth, as in the other case.

Soon after this, to our great joy, a slight inspiration followed, and the efforts being continued, his respiration improved, though he breathed with difficulty, owing to the quantity of mucus in the lungs. By great efforts on the part of the gentlemen standing around, in lifting and turning him on his side, so as to drain out the mucus from his lungs, and by frequently sponging the back part of his mouth, he was from time to time relieved. At last, passing an empty spoon into his mouth, and pouring some brandy and water from another into it, he was made to swallow fully. A stimulating injection into the bowels was also administered.

After aiding in clearing his lungs for some length of time, it was thought he might be removed to his bed; there a little brandy and water was given occasionally, which he swallowed readily. He also spoke and answered all questions proposed to him until the last moment, showing that the organ of voice was not injured. When asked if he suffered, he said, yes, and placed his hand on the region of the heart. Mucus continued to fill his throat. There was no obstruction in the opening of the larynx, for mucus issued from it in a copious stream, showing that his whole lungs were affected. Having remained with him until the pulse had become pretty good, and the respiration apparently better, we adjourned, to meet again in an hour and a half. Placing at the same time the house surgeon at his side, with instructions to keep his throat clear of mucus, and support him by stimulants, with the strongest injunctions not to leave him till our return.

Shortly before the time fixed for the return of the surgeons, which was half-past three o'clock, the house surgeon perceiving the pulse to suddenly fail, and that his breathing was more hurried, uncovered the stump to see if it was bleeding, and found some effusion of venous blood, probably produced by the liquefaction of blood from chloroform poison. He then cleared the mouth of mucus, which he had hardly completed when the patient breathed his last without any effort or convulsion. Soon after an opening was made in the trachea, and air blown into the lungs, for the pur-

pose of inflation, but without effect. A proposal had been made to do this during life, but was objected to, because air had already been thrown into the lungs through the nostril, because there was no obstruction in the larynx, because blood might escape through the aperture into the trachea, and combine with congestion and mucus in the lungs to increase the difficulty.

On the following morning an examination of the body was proposed, but his friends arriving, objected, and although we urged the importance of ascertaining the immediate cause of death, they continued to object decidedly.

Surgery.

Since our last issue, Professor Carnochan has operated for inguinal aneurism, by tying the external iliac artery;—for traumatic hemorrhage, by tying the brachial artery;—and has amputated the thigh in three cases, having thus had five capital operations in a month.

Medical Books.

We refer our readers to the advertisement of our friend, Mr. Roorbach, at whose store on Vesey-street, next door to the Astor House, all the latest publications may be had at the publishers' prices. Correspondents who frequently write us to inquire after medical works, both foreign and domestic, will please address him directly, by mail, as he has in store the largest stock of medical books in the city, and is every way reliable. By the new Post Office law, great facilities are extended to the transmission of books, through the Post Office, to any part of the country.

The Remedial Powers of the Sulphate of Quinine.

MR. EDITOR.—As my name has been frequently used by book and essay writers, in regard to the efficacy of the Sulphate of Quinine as a remedy, and as the very best remedy for all forms of periodical fever, and as the notice of my views has sometimes been of a nature calculated to create doubt in the medical mind touching this grand problem in practical medicine, I desire to bear a brief testimony now, in advance of my work on the *Fever of America*, which I hope to lay before the profession ere long.

One gentleman, of some distinction, has affirmed in a work of considerable notoriety, that my opinions touching the Sulphate of Quinine are *untenable*. But it is just as notorious that the author referred to is not a practical physician, as that Chestnut street is not north, but south of Market street, in Philadelphia. This fact, which is not meant at all to disparage the gentleman's amiable qualities, as a gentleman, will never be controverted by any sane man in the city of brotherly love. I may add here, that the most doubtful of all the details given in my *Therapeutics* on this point, were originally furnished by his pen; and hesitation was felt in respect of quoting the testimony of one who was known to be a professor only, and not a practical physician. And further as to this writer's position as *authority*, let

me say, that another author, who acquired much of his fame in the West, and who is now regarded by very many as one of our best standard writers, declared over the initials E. B. in the American Journal of Medical Sciences, that there was just as much need of a good book on *Therapeutics* after the issue of a work on that topic (by the gentleman who says my views on the Sulphate of Quinine are untenable,) as there was before he began to waste his ink on such an effort.

The undersigned has long been a silent observer, because he was engaged in accumulating the experience of *practical* men, excepting so far as his public duties called him to the work of announcing what he believed to be truth in the premises. In nine courses of lectures on the Theory and Practice of Medicine, he bore testimony to the doctrines advanced in former years, touching the value of the Sampson of the *Materia Medica*. These lectures were given in Philadelphia, as publicly as the teachings of the older schools, and there was no disguise in the maintenance of the grand position, that the Sulphate is *the* remedy for all fevers that develop periodicity, and very probably for most diseases marked by the same feature.

In his Philadelphia lectures, the undersigned advocated also the *abortive* treatment of grave fevers, by large doses of the salt of quinine, on the authority of Dr. Fenner of New Orleans and others who had experienced the efficacy of this plan of treatment. He regards it as utterly unworthy the profession, north or south, to reject a practice declared to be successful, simply because of its novel character. We say novel, and yet there are facts on record which might teach that a like practice had some repute many years ago, when large doses of the Peruvian bark accomplished precisely the same results, when given in the first day of seizure. That Dr. Fenner was right in affirming that the Sulphate of Quinine had not had a fair trial in what is called Typhoid fever, by the very gentlemen who have repudiated its use in that form of disease, I have not a doubt. Thus I have taught, and so it is my purpose to teach, until abundant evidence shall appear to invalidate the position.

It has become so common in the profession, to attempt to nullify the positive statements of respectable physicians touching the use of remedial agents, that a rebuke cannot now be unseasonable. By what rule of ethics *A* has the assumed right of taking it for granted that *B* has mistaken his cases, and that of course his reported success is apochryphal, I cannot divine. Has not *B* just the same right, and if both *A* and *B* may do thus, who will venture to preclude the entire alphabet from pursuing the very same course? Let this dogma be reduced to an axiom, and the profession will exhibit a Babel, compared with which that of the Old Testament would hardly merit the name. And yet, if a physician, regularly educated and of acknowledged capacity, after long and large experience in the use of a remedy, proclaim his success in decided terms, some one whose

practical tact has never been developed out of the attic or other private office, boldly asserts that the man was utterly mistaken; that his cases were not of the nature stated in his publication, but of just such a quality as the critic chooses to select in order to favor his own views of pathology. I think I have seen enough, and read enough, and observed enough, to be thoroughly satisfied, that most honest reports have been and may be made, of *success* and *failure* of the same remedies in the same diseases, (*nosologically* considered,) from the pens of different physicians. These apparently contradictory statements are easily explained by reference to the well known truth, that diseases, and especially fevers are constantly modified, and so changed, by a variety of contingencies that need not be noticed here, as to warrant the confident belief, that the statements, however opposing, are really true. It demands a vast deal of hardihood to affirm, even now, that as genuine yellow fever as ever man has seen, has not been cut short, times without number, by the early use of the lancet. Yet it is equally undeniable, that this same remedy has been followed by fatal results in very many instances. That both positions may be true, is susceptible of demonstration, as certainly as any other problem in practical medicine; and the same principle applies with equal force to the remedial powers of the *salts of quinine*.

Very respectfully,

THOS. D. MITCHELL.

Louisville, Ky. Nov. 1852.

From the Cincinnati Gazette.

Death of Dr. Drake.

In Dr. DANIEL DRAKE, Cincinnati has lost one of its oldest pioneers—an eminent citizen—a most distinguished physician—a man of science and a consistent Christian. Such a loss has no reparation, but in the hope that, guided and enlightened by such an example, another generation may raise up others like him. For ourselves, we can only lament the star that is set, on this hemisphere, to rise no more!

In the brevity of these few lines there is only room to record some of the epochs in his life, some dates in his great public services, and note something of his peculiar character.

Dr. Drake was born in 1785, in New-Jersey, whence his father moved to Kentucky. It was in Mason County, Ky. in the pioneer society, and in rural scenes, to which, in after life, he often referred, that he received his early impressions of men and Nature. Of both he was ever after an ardent student. With man, both social and physical—with Nature, both scientific and picturesque—all his pursuits and tastes led him to a familiar knowledge. With a peculiar aptitude for such tastes and pursuits, formed amid the scenery of woods and fields, and in the simplicity of primitive society, it was but natural that he should turn his attention to the study of medicine—that science which, more than any other, led to a familiar acquaintance with the objects and subjects upon which his mind dwelt. Accordingly, he commenced the study of medicine with Dr. Goforth, of Cincinnati, in his 16th year, 1800. He was, therefore, at his death, a physician *half a century* in practice,

and though occasionally absent, both as teacher and traveller never in that time, lost his citizenship in Cincinnati.

In constitution active, energetic and sanguine, he early became imbued with that best form of ambition, the ambition of being a public benefactor in the walks of Science, Letters, Utility and Benevolence. It is in vain here to attempt even an outline of his brilliant services in that career. Many of them have left an enduring impress on society, and become monuments to the reality of his benefactions, even when unremembered by those who profit by the results.

While a very young man, he became one of the active founders of several scientific and benevolent Societies, whose object were the cultivation of Science and the public good. Before these, he often delivered lectures, or essays, on topics of Natural History, Medicine, or Social Action. One of these was published in the form of "Sketches of Cincinnati," which soon after became the foundation of a more elaborate work, entitled, "Picture of Cincinnati," including a Natural and Statistical view of the Miami Country, published in 1815. This made him known both in Europe and America, and was one of the first things which drew the attention of the public to this town and section of the country.

So full of research and so accurate was this natural history of the Miami Country, and of the locality of Cincinnati, that nothing substantial has been added to the account since. The "discourse" delivered before the Medical Society last winter, was his own proper sequel to that work, filled with reminiscences of our early progress and society.

The Medical College of Ohio is the next monument to his labors. The charter of that institution was passed January, 1819, and was passed by the Legislature on his own personal application. During many years subsequent he was one of its professors. During his whole after life it occupied his thoughts and his cares; and in its cause, by over-tasking an ever active brain, he at last died.

Separated for a time from that, by changes incident to medical politics, he became a Professor in the Lexington School, in the period of its greatest prosperity; and in recent years, in the Louisville School, which rapidly rose to unprecedented success.

In the meantime, 1836-7, he was the founder of a new Medical School in Cincinnati, attached to Cincinnati College. This school flourished in the brief period of its existence, but was given up for the want of an endowment. It was at about the same period that Dr. Drake, in the same public spirit which ever animated him, became one of the earliest promoters of our railway system.

He was one of the first, if not the first, to propose the great Southern Line to Charleston, S. C. He was one of the active delegates to the Knoxville Convention, where was commenced the first efforts for the Railway lines (soon to be completed) between the Ohio valley and the Southern Atlantic. For the last six or seven years his hours of unprofessional service have been devoted ardently and intently to his last great work on the Diseases and Climatology of the Mississippi Valley. One volume of this, occupying near a thousand pages, has already been published, and it is no exaggeration of its merits to say, that it stands, so far, the greatest work of American science. It is so appreciated abroad and will be at home. It was in the attempt to finish this work—the only remaining ambition of his life—now

left, like many a creation of human hopes, a broken structure—that he fell in the harness, and died on the Battle-field of Life.

From his domestic life we lift only enough of the veil to disclose the strength of affection and friendship, which all who knew loved and valued above all public fame. It wearied in no labor of love—failed in no hour of adversity, nor paled before any other light.

In 1808, he married Harriet Sisson, a niece of Gen. Mansfield, then a resident of Ohio. With her he lived near twenty years, with a conjugal devotion which seemed equal to that pictured in romance, and from her death lived a widower, ever sorrowing over her memory.

Three of his children, now with families, were his constant care and his ever-present thought; with his two daughters he lived at his death, and as he bade the world farewell, bade them not sorrow over him; for long since he had surrendered himself to his and their Redeemer.

Here we finish this brief tribute to friendship and worth—less than we would—more than he needs; for henceforth—

"Entertain him all the saints above,
In solemn troops and sweet societies,
That sing, and singing, in their glory move.

Several editorial articles, intended for this number, including two pages of advertisements, notices of new books, &c. have been crowded out. All will appear in our next.

SURGICAL IMPROVEMENT.

REWARDED BY THE MEDAL OF THE AMERICAN INSTITUTE.

DR. B. WELCH'S Surgeons' Splints and Improved Apparatus for Fractures, &c., manufactured at Lakeville, (Salsbury,) Connecticut. "Letters Patent" granted for Splints, U. S., September, 1850. These instruments will be sold at the following prices, viz:—

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1 Single Extension Splint for thigh, and Double Inclined Plane for leg and thigh, with flexible Splints, different sizes,		17 00
The set, 1 and 2, for arm, thigh, and leg,		\$25 00
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Together,		\$30 00
4. Three Pair Longitudinal Half-Boots,		
No. 1. Each Splint,	1 50	
2. do.	2 00	
3. do.	2 50	
The set, 3 pairs,		12 00
The set, 1, 2, 3, 4, for arm, thigh, and leg,		\$50 00

Orders accompanied by cash or a certificate of deposit or other evidence of credit at a bank, directed as above, will be immediately supplied by Express, or either the Houstonian or Harlem Railroad. When sets or Splints to the amount of \$25 or more are ordered, Express or freight charges, not exceeding 10 per cent. of the amount, will be prepaid.

MEDICAL BOOKS.

The subscriber keeps constantly on hand a supply of all the best Medical Books, embracing the latest Editions, which he offers to the Medical profession and to Students at the lowest prices.

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KIERSTED'S BREAST OINTMENT.

The attention of Physicians, Pharmacutists, and venders of Medicine, throughout the United States, is particularly called to the above named invaluable article,

PREPARED FROM THE

EMPLASTRUM CUMOSUM.

A remedy which has been in general use for a great many years in the city of New-York, and has also been thoroughly tested by many eminent members of the Medical Profession, who have used it in their practice for several years, receiving their approval and recommendation.

It has been found unequalled by any other application for the cure of

AGUE IN THE BREAST, CAKING OF THE MILK,
OR TUMORS FROM ANY OTHER CAUSE, FOR
FRESH WOUNDS, OLD FEVER OR OTHER
OLD SORES OR ULCERS, FOR BURNS,

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It has likewise been found highly beneficial in all other cases, where the use of no Ointment possessing DISCUTIENT and SUPPURATIVE properties is indicated. It possesses a decided advantage over ordinary Ointments, as it is at all seasons of the same consistence; and the dressing is not required to be renewed oftener, in ordinary cases, than once in five or six days.

It has been applied to all

DISEASES OF THE BREAST,

INCIDENT TO THE PERIOD OF NURSING,

not without, as is confidently believed, when persevered in, effecting A PERFECT CURE IN EVERY INSTANCE; receiving the warm encomiums both of physician and patient.

AS A DISCUTIENT,

It does not fail to scatter the Tumor arising from CAKING OF THE MILK or other cause, unless suppuration has commenced; and also in allaying, in ALL cases, Inflammation.

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It speedily promotes the formation of pus, and (superseeding the use of Punctures, and almost always that of the Lancet, from its superior Therapeutic properties, soon discharges the matter and perfects a cure.

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The Proprietor, believing it to be truly a superior article for the above-mentioned complaints, and being desirous of giving it a more general circulation, will send to such Physicians who may be inclined to test its properties, a sample of the article, with directions for its use; and to such Apothecaries and others, who may wish to keep the article for sale, it will be furnished at wholesale prices, and sent to them through such Wholesale Druggists here as they may designate, or directly to their address.

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ELIXIR OF OPIUM,

This is the Pure and Essential Extract from the Native *Dru*

It contains all the valuable medicinal properties of Opium in natural combination. To the exclusion of all its noxious, deleterious and useless principles upon which its bad effects depend. It possesses all the sedative, anodyne and anti-spasmodic powers of Opium.

To produce sleep and composure;

To relieve pain and irritation, nervous excitement and morbid irritability of body and mind;

To allay convulsive and spasmodic action, &c. &c.

And being purified from all the noxious and deleterious elements, its operation is attended by

No sickness of the stomach, no vomiting, no headache,

Nor any derangement of the constitution or general health.

Hence its high superiority over Laudanum, Paregoric, Black Drop, Denarcotized Laudanum, and every other Opiate preparation.

The Elixir of Opium is also greatly superior to Morphine.

1. In its containing all the native medicinal virtues of Opium in native combination, and in its being its full representative, while Morphine, being only one of its principles, cannot alone, and that in an artificial state of combination too, produce all the characteristic effects of so triumphant a remedy, when four or five of its other valuable principles are excluded.

2. In its effects, the Elixir is more characteristic, permanent and uniform than any of the artificial compounds of *Nor* line.

3. And *in Preparation*, it is not liable to decompose or deteriorate like the *Solutions* of Morphine; and thus is avoided a serious objection, which has prevented the latter from being used with precision and effect.

To speak summarily, the Elixir of Opium, as a remedy, may be adopted in all cases in which Opium or its preparations are administered, with the certainty of obtaining all their salutary and happy effects, without being followed by their distressing and pernicious consequences.

The following testimonial, recently received, embraces several interesting and very important facts connected with the administration of the Elixir of Opium; and it is believed the views expressed by Dr. Welch will accord with the experience of every Physician who may adopt the use of this truly valuable remedial agent in his practice:

Messrs. A. B. & D. SANDS,

Hempstead, L.I., July 7, 1856.

GENTLEMEN,—I regret that urgent and unavoidable engagements have prevented me from answering your letter, requesting my opinion of McMUNN'S ELIXIR OF OPIUM, or any others with respect to its operation in my practice. I have frequently witnessed its effects in cases which resisted every other remedy; and I might cite a number of instances in which it seemed to act like a charm in allaying the most dangerous symptoms when other means had been tried in vain. I have been in the habit of using it more or less in my practice, ever since it was first presented to public use, and I know of no antidote for its all those cases in which it is desirable to allay nervous irritability, either as an anodyne or soporific, without producing all the unpleasant consequences incident to the narcotic power of Opium. A case occurred recently, in which the use of Morphine was followed by a state resembling catalepsy. The patient remained insensible for five hours after taking a moderate dose, with a complete suspension of cerebral power or volition, without my discovering the cause; but as the effects of the Morphine subsided, the pains for which it was given returned with such severity that the dose was repeated, and the same results followed. I substituted the Elixir, and she was perfectly free from all unpleasant results afterwards, and completely relieved.

Another case, in which every other form of Opium had been tried before I was called, was relieved by McMUNN'S ELIXIR. The patient was a lady who had been vomiting incessantly for two or three days. She cautioned me not to prescribe any preparation of Opium, fearing that it would make her worse. I ventured, however, to try it without her knowledge, and she was at once relieved, falling into a delightful sleep, without feeling any other than the desired effect, so that as an anti-emetic it is invaluable. I might add a variety of other cases, but the opinions expressed in the testimonials you have already adduced are sufficient to convince the most sceptical that, when judiciously administered, it is superior to all other articles in use for particular conditions. Very respectfully yours,

EDWIN WEBB, M. D.

NOTICE.—A. B. & D. SANDS having purchased of Dr. McMUNN all his rights in this preparation, and having been the sole Proprietors since the year 1841, and by whom it has been prepared during that period, respectfully inform dealers and consumers that no Elixir of Opium will hereafter be genuine unless having their signature on the outside wrapper; and all orders from the "Trade" must be addressed, as heretofore, to A. B. & D. Sands, Wholesale Druggists, 141 William-street, corner of Fulton, New-York. Sold also by Druggists generally.

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President, Hon. Jesse R. Burden, M. D.—Faculty: James McClintock, M. D. Professor of Anatomy; Rush Van Dyke, M. D. Professor of Medicine; James Bryan, M. D. Professor of Surgery; Ezra S. Carr, M. D. Professor of Chemistry; Frederick A. Fickardt, M. D. Professor of Materia Medica; John K. Mason, M. D. Professor of Midwifery; David Paul Brown, Esq. Professor of Forensic Medicine; Henry Goadby, M. D., F. L. S. Professor of Histology; George Hewston, M. D. Demonstrator of Anatomy.

Fees.—For Matriculation, only once paid, \$5.00. For each ticket of the Governing Faculty, six Professors, \$15—\$90. For a perpetual ticket, \$160. For a third course, to those who have attended two full courses in other colleges, \$50. For Graduation, \$30.

For Practical Anatomy, including Recapitulatory Lectures, ...	\$11
Recapitulatory Lectures alone, ...	5
Histology and Microscopy, optional, ...	5
Forensic Medicine, do.	5

The ticket to the Pennsylvania Hospital is presented to every full course and perpetual ticket paying Candidate for Graduation. In addition to Hospital advantages afforded in the city, Clinical Instruction is given in the College.

The thirteenth session of the Institution will commence on Monday, March 11, 1853, and close about July 10th, 1853.

For further information inquire of

JAMES MCCLINTOCK, M. D. Dean,
No. 1 North Eleventh-street, Philadelphia.

August 20, 1852.

PENNSYLVANIA COLLEGE, MEDICAL DEPARTMENT.

NINTH, BELOW LOCUST-STREET, PHILADELPHIA.

The Faculty is constituted as follows:

WILLIAM DARRACH, M. D. Professor of the Theory and Practice of Medicine.

JOHN WILTANK, M. D. Professor of Obstetrics and Diseases of Women and Children.

HENRY S. PATTERSON, M. D. Professor of Materia Medica and Therapeutics.

DAVID GILBERT, M. D. Professor of the Principles and Practice of Surgery.

JOHN J. REESE, M. D. Professor of Medical Chemistry and Pharmacy.

J. M. ALLEN, M. D. Professor of Anatomy.

FRANCIS GURNEY SMITH, M. D. Professor of the Institutes of Medicine.

WILLIAM H. GOBRECHT, M. D. Demonstrator of Anatomy.

The Lectures for the Session of 1852-3 will commence on Monday the 11th of October, and continue until the ensuing 1st of March.

The Anatomical Rooms will be opened early in September, under the direction of the Professor of Anatomy and Demonstrator Clinical Instruction at the College and at the Pennsylvania Hospital in the immediate vicinity.

Fees.—Matriculation, \$5; to each Professor, \$15; Graduation, \$30.

For further information apply to

D. GILBERT, M. D. Registrar,
181 N. Ninth-street, Philadelphia.

August, 1852.

JEFFERSON MEDICAL COLLEGE.

SESSION OF 1852-3.

The regular Course of Lectures will commence on Monday, the 11th of October, and continue until the first day of March. The ANNUAL COMMENCEMENT for conferring degrees will be held early in March, instead of at the end of the month, as formerly.

ROBLEY DUNGLISON, M. D. Professor of Institutes of Medicine, &c.

ROBERT M. HUSTON, M. D. Professor of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M. D. Professor of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M. D. Professor of Practice of Medicine.

THOMAS D. MUTTER, M. D. Professor of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M. D. Professor of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M. D. Professor of Chemistry.

ELLERSLIE WALLACE, M. D. Demonstrator of Anatomy.

Every Wednesday and Saturday in the month of October, and during the course, Medical and Surgical cases will be investigated, prescribed for, and lectured on before the class. During the past year, *two thousand and twenty-nine* cases were treated, and *three hundred and eight* operations performed. Among these were many major operations—an amputation of the leg, thigh, arm, hand, mamma, &c. trephining, tying the carotid, extensive plastic operations, resection of the femur for ankylosis, removal of the superior and of the inferior maxillary bone, reduction of dislocations—some of old standing, treatment of fractures of the thigh, arm, forearm, &c. &c.

The Lectures are so arranged as to permit the student to attend the Lectures and Clinical demonstrations at the Pennsylvania Hospital.

On and after the 1st of October, the Dissecting-rooms will be open, under the direction of the Professor of Anatomy and the Demonstrator.

FEES.

Matriculation, which is paid only once, . . .	\$5 00
Each Professor, \$15	105 00
Graduation, ...	30 00

The number of Students during the last session was 506; and of Graduates 228.

R. M. HUSTON, M. D.
Dean of the Faculty, No. 1 Girard-street.

July, 1852.

FREE MEDICAL COLLEGE, UNIVERSITY OF MICHIGAN.

SESSION 1852-3.

ZINA PITCHER, M. D. Emer. Prof. Institutes of Medicine and Obstetrics.

SAMUEL DENTON, M. D. President, Prof. Principles and Practice of Medicine.

ABRAM SAGER, M. D. Prof. Obstetrics and Diseases of Women and Children.

SILAS H. DOUGLASS, M. D. Prof. Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D. Prof. Anatomy and Surgery.

J. ADAMS ALLEN, M. D. Secretary, Prof. Materia Medica, Therapeutics and Physiology.

EDMUND ANDREWS, M. D. Assistant Lecturer in Anatomy and Demonstrator.

The Third Annual Session will commence upon Wednesday, the 6th day of October next, and continue till the third Wednesday in April ensuing. A Matriculation Fee of Ten Dollars entitles to the privilege of permanent membership. Four Lectures daily, or a total varying from five hundred and forty to five hundred and sixty during the entire term.

The prime object of the Institution will continue to be, to carry out as strictly as possible, in spirit and detail, the requirements of the National Medical Association.

For further particulars, if desired, address the Secretary of the Faculty at Ann Arbor, Mich.

J. ADAMS ALLEN, Sec.





